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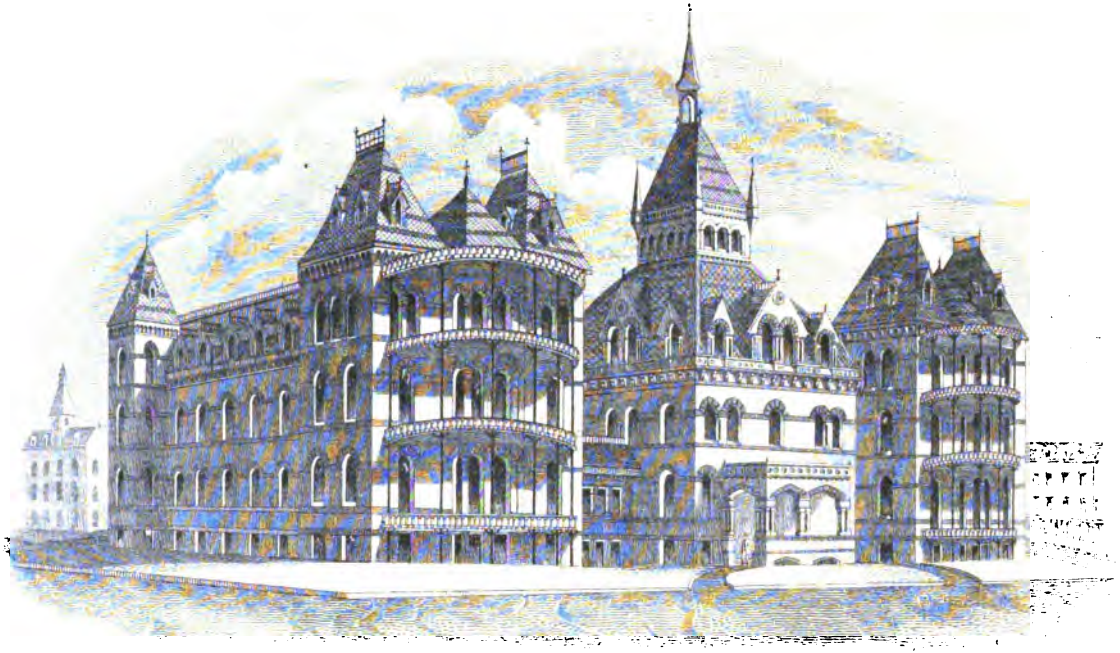

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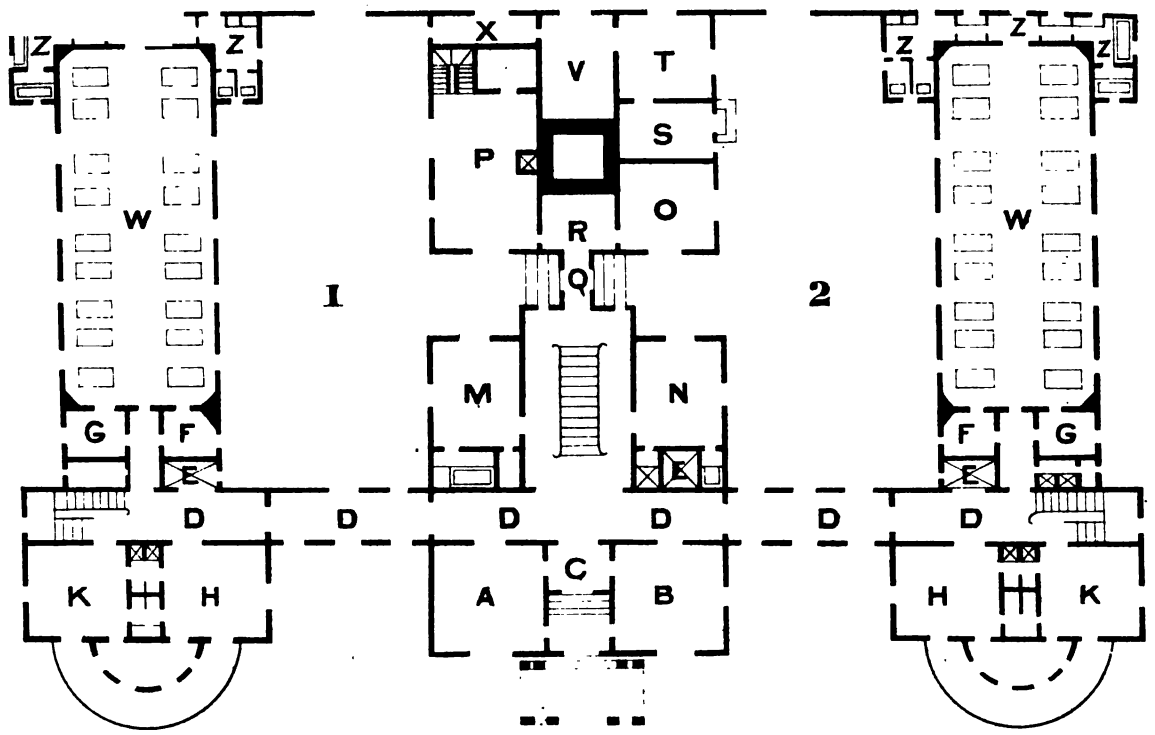

Reference to Plan.

A Reception Room
B Surgeons
C Vestibule.
D Corridor.
E Elevator.
F Ward Kitchens.
G Nurses Room.
H Private Wards.
K Wd Dining Rooms.
M Apothecary
N Dispensary.
O Servants Sitting Rm.
P Laundry.
Q Covered Passage
R Staircase
S Waiting Room.
T Mortuary.
V Dissecting Rm.
W Wards.
X Students Passage.
Z Bath Rooms W.C.& c.

1 and 2
Open Courts.

TRANSACTIONS

OF THE

HOMŒOPATHIC MEDICAL SOCIETY

OF THE

State of New York

FOR THE YEAR

1871.

VOLUME IX.

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IN ASSEMBLY,

April 16, 1871.

NINTH ANNUAL REPORT

OF THE

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Hon. WILLIAM HITCHMAN,

Speaker of the Assembly:

SIR.—We have the honor herewith to transmit the Ninth Annual Report of the Transactions of the Homœopathic Medical Society of the State of New York for the year 1871.

We have the honor to be, very respectfully,

Your obedient servants,

H. M. PAINE,

E. DARWIN JONES,

Secretaries.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK,
ALBANY, *April* 16*th*, 1871.

The following papers and communications have been submitted to the Committee on Publication, and have received their approval.

J. W. COX,
H. M. PAINE,
L. M. PRATT,
Committee.

TABLE OF CONTENTS.

PART I.

Proceedings of Annual and Semi-Annual Meetings and Addresses.

Article.		Page.
I.	Proceedings of the Twentieth Annual Meeting, held in Albany, February 14th and 15th, 1871	3
II.	Proceedings of the Twentieth Semi-Annual Meeting, held at Saratoga Springs, August 10th, 1871	34
III.	Annual Address. By Robert McMurray, M. D., of New York, February 14th, 1871	54
IV.	Address before the Semi-Annual Meeting. By A. W. Holden, M. D., of Glen's Falls, August 10th, 1871	71
V.	Address before the Homœopathic Medical Society of Northern New York. By T. J. Pettit, M. D., of Fort Plain, July, 1871	92
VI.	Address before the Medical Society of Counties of Ontario and Yates. By T. D. Prichard, M. D.	97
VII.	Address before the Homœopathic Medical Society of the County of New York. By B. F. Bowers, M. D.	101
VIII.	Valedictory Address. By F. W. Hunt, M. D.	127

PART II.

Reports of Bureaus.

Section I. Bureau of Materia Medica; Section II. Bureau of Clinical Medicine; Section III. Bureau of Obstetrics; Section IV. Bureau of Surgery; Section V. Bureau of Statistics.

Section I. Bureau of Materia Medica.

IX.	Observations on Silicea. Carroll Dunham, M. D.	143
X.	The Importance and Manner of Studying the Materia Medica. Alfred K. Hills, M. D.	152
XI.	Alternation of Remedies. Alfred K. Hills, M. D.	164
XII.	Medicinal Interference. George F. Hand, M. D.	168
XIII.	Differential Analysis of Phosphorus and Arsenicum. S. Lilienthall, M. D.	172
XIV.	Proving of Lilium Tigrinum. E. M. Hale, M. D. (Illustrated)	182
XV.	Proving of Lilium Tigrinum. Wm. E. Payne, M. D.	190
XVI.	Verified Symptoms of Lilium Tigrinum. T. F. Allen, M. D.	231

ARTICLE. PAGE.
XVII. Toxicological Effects of Arsenic. C. Judson Hills, M. D..... 232
XVIII. Toxicological Effects of Morphine and Laudanum. S. Spooner, M. D., 235
XIX. Iodoform. B. F. Underwood, M. D. 237

Section II. Bureau of Clinical Medicine.

XX. Precision in Prescribing. J. H. P. Frost, M. D..... 243
XXI. Laryngismus Stridulus. W. S. Searle, M. D. 247
XXII. Intermittent Fever. H. C. Powell, M. D. 265
XXIII. Spermatorrhœa. H. M. Dayfoot, M. D. 268
XXIV. Case of Aphonia. S. C. Knickerbocker, M. D. 275
XXV. Spasms of the Larynx. S. C. Knickerbocker, M. D..... 276
XXVI. Case of Gastrosis. S. C. Knickerbocker, M. D..... 277
XXVII. Case of Biliary Calculi. Morbid Deposit in the Urine. Hans Powell, M. D. (Illustrated)..... 278
XXVIII. Gonorrhœal Ophthalmia. J. C. Harrington, M. D..... 280
XXIX. Case of Prolonged Constipation. G. Z. Noble, M. D..... 282
XXX. Case of Cystitis. T. L. Brown, M. D. 285

Section III. Bureau of Obstetrics.

XXXI. The Place of Ætiology in Therapeutics. Illustrated by three Cases of Puerperal Convulsions. B. H. Cheney, M. D..... 289
XXXII. Case of Puerperal Convulsions. S. D. Hand, M. D..... 295
XXXIII. Case of Threatened Puerperal Convulsions. J. C. Harrington, M. D., 298
XXXIV. Causes of Female Diseases. H. Minton, M. D..... 300
XXXV. Coccyodynia. W. S. Searle, M. D..... 306
XXXVI. Case of Dystocia. S. C. Knickerbocker, M. D..... 310
XXXVII. Case of Ovarian Tumor, cured by Calcarea. Charles Sumner, M. D., 312
XXXVIII. Leucorrhœa cured by Sepia. Charles Sumner, M. D. 314
XXXIX. Scirrhus of the Mammary Gland. T. Dwight Stow, M. D..... 317
XL. Case of Chronic Metritis treated by Pulsatilla. T. D. Stow, M. D., 317
XLI. Case of Chronic Metritis treated by Lilium Tigrinum. A. R. Wright, M. D. 318

Section IV. Bureau of Surgery.

XLII. Resection of the Knee-joint. Wm. Tod Helmuth, M. D. (Illustrated.)..... 321
XLIII. Lupus. Wm. Tod Helmuth, M. D. (Illustrated)..... 330
XLIV. A very rare case of Extrophy of the Bladder, one Kidney and one Ureter. Wm. Tod Helmuth, M. D. (Illustrated)..... 335
XLV. Cases of Tumors of the Eye. T. F. Allen, M. D. (Illustrated).... 342
XLVI. Case of Anthrax of the Face. F. L. Vincent, M. D. (Illustrated). 347
XLVII. Case of Fungoid Tumor of the Hand. H. G. Preston, M. D. (Illustrated)..... 349
XLVIII. Report of Surgical Cases treated at the Albany City Dispensary, with remarks on Treatment of Ulcers. H. G. Preston, M. D.... 351
XLIX. Case of Cancer of the Rectum. H. M. Paine, M. D. (Illustrated). 354
L. Trephining the Tibia. L. Pratt, M. D..... 359

ARTICLE. PAGE.

LI. Dry Cupping of the Bowels for the removal of Strangulated Inguinal Hernia. Ralph Blakelock, M. D. 360

Section V. Bureau of Statistics.

Hospitals.

LII. Brooklyn Homœopathic Hospital 364
LIII. Brooklyn Homœopathic Lying-in Asylum 370
LIV. Buffalo Ingleside Home 381
LV. Middletown. State Homœopathic Asylum for the Insane 383
LVI. New York. Five Points House of Industry 387
LVII. New York. Hahnemann Hospital 390
LVIII. New York. Ophthalmic Hospital 435
LIX. New York. Protestant Half-Orphan Asylum 444

Dispensaries.

LX. Albany City 445
LXI. Brooklyn. Gates Avenue 466
LXII. Brooklyn. Homœopathic 468
LXIII. Buffalo. Homœopathic 486
LXIV. New York. Bond street 487
LXV. Harlem Homœopathic 494
LXVI. Homœopathic Medical College 497
LXVII. Metropolitan Homœopathic 498
LXVIII. Morrisania Homœopathic 499
LXIX. New York Homœopathic 500
LXX. North-Eastern Homœopathic 503
LXXI. Western Homœopathic 506
LXXII. Yorkville Homœopathic 518
LXXIII. Poughkeepsie Homœopathic 519

Medical Colleges.

LXXIV. New York Homœopathic 521
LXXV. New York Medical College for Women 525

County and Local Medical Societies.

LXXVI. Albany county 532
LXXVII. Broome county 553
LXXVIII. Cayuga county 553
LXXIX. Chautauqua county 554
LXXX. Chemung county 555
LXXXI. Chenango county 556
LXXXII. Columbia county 562
LXXXIII. Dutchess county 564
LXXXIV. Erie county 565
LXXXV. Kings county 566

ARTICLE.		PAGE.
LXXXVI.	Livingston county	567
LXXXVII.	Madison county	567
LXXXVIII.	Monroe county	569
LXXXIX.	Montgomery county	570
XC.	New York county	571
XCI.	Niagara county	579
XCII.	Oneida county	585
XCIII.	Onondaga county	587
XCIV.	Ontario county	588
XCV.	Orange county	589
XCVI.	Oswego county	590
XCVII.	Otsego county	592
XCVIII.	Rensselaer county	594
XCIX.	Saratoga county	603
C.	Steuben county	603
CI.	St. Lawrence county	605
CII.	Tioga county	606
CIII.	Ulster county	607
CIV.	Washington county	608
CV.	Wayne county	609
CVI.	Westchester county	610
CVII.	Central Medical Society	611
CVIII.	Northern Medical Society	620

PART III.

NECROLOGICAL REPORTS.

CIX.	Biographical Sketch of Josiah Bowers, M. D. B. F. Bowers, M. D.,	625
CX.	Eulogy on J. L. Stoddard, M. D. By B. F. Cornell, M. D.	628
CXI.	Biographical Sketch of Durfee Chase, M. D. A. P. Throop, M. D.,	630
CXII.	Biographical Sketch of James Berry, M. D.	635
CXIII.	Biographical Sketch of H. C. Hubbard, M. D.	636
CXIV.	Biographical Sketch of H. S. Benedict, M. D. J. M. Cadmus, M.D.,	637
CXV.	Biographical Sketch of Charles C. Foote, M. D.	638
CXVI.	Biographical Sketch of H. B. Gram, M. D.	639
CXVII.	Biographical Sketch of Arthur Lutze, M. D. Herman Muhr, M. D.,	641

PART IV.

MISCELLANEOUS PAPERS.

CXVIII.	The Lever Lift. By Geo. F. Foote, M. D. (Illustrated)	649
CXIX.	The Plea of Insanity as a Defense in Cases of Homicide. By Sam'l Worcester, M. D.	651
CXX.	Constitution and By-laws of the Society	659
CXXI.	List of Officers of the Society, 1850–1872	663

ARTICLE.		PAGE.
CXXII.	List of Honorary Members.	665
CXXIII.	List of Permanent Members.	668
CXXIV.	List of Delegates and Classification of Counties with reference to the Election of Delegates.	673
CXXV.	List of Members of American Institute of Homœopathy.	674
CXXVI.	Table of Annual and Regular Meetings of State, County and Local Medical Societies	676
	Index.	682

PART I.

PROCEEDINGS

OF THE

ANNUAL AND SEMI-ANNUAL MEETINGS

AND

ADDRESSES.

CONTENTS.

I. Proceedings of Twentieth Annual Meeting, held in Albany, February 14th and 15th, 1871.

II. Proceedings of the Twentieth Semi-Annual Meeting, held at Saratoga Springs, August 10, 1871.

III. Annual Address. By Robert McMurray, M. D., of New York, February 14th, 1871.

IV. Address before the Semi-Annual Meeting. By A. W. Holden, M. D., of Glen's Falls, August 10, 1871.

V. Address before the Homœopathic Medical Society of Northern New York. By T. J. Pettit, M. D., of Fort Plain, N. Y., July 11, 1871.

VI. Address before the Medical Societies of the counties of Ontario and Yates. By T. D. Prichard, M. D.

VII. Address before the Homœopathic Medical Society of New York. By B. F. Bowers, M. D.

VIII. Valedictory Address. By F. W. Hunt, M. D.

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I.

New York State Homœopathic Medical Society. Proceedings of the Twentieth Annual Meeting.

FIRST DAY—TUESDAY—MORNING SESSION.

The twentieth annual meeting was held, pursuant to statute, in the city of Albany, Tuesday and Wednesday, February 14th and 15th, 1871.

The sessions of the Society were held in the rooms of the Young Men's Christian Association.

The president, Dr. L. B. Wells, of Utica, called the meeting to order at ten o'clock, and requested Rev. Dr. A. J. Upson to offer prayer.

The president delivered the following inaugural address:

Gentlemen of the Homœopathic Medical Society of the State of New York.—While I tender to you my grateful acknowledgments for your partiality in selecting me as your presiding officer, I will claim your indulgence and request your cordial co-operation in making this session harmonious and profitable.

At this time it is well to briefly review the history of our organization.

It is but a short time, comparatively, since a few of us assembled in this city to reorganize our State Society, in conformity to the statutes of the State in relation to medical societies.

During this period our Society has grown to its present proportions, embracing county societies in nearly all the counties of the State.

The immense number of charitable institutions for the treatment of the sick, the increased facilities for a thorough medical education and the patronage of a large proportion of the most intelligent of our population, indicate a healthy growth of the system of practice which recognizes the law "*similia similibus curantur*" as the polar star in therapeutics.

While we have every encouragement from the progress of events in the past, the future prosperity of our cause will depend upon the

fidelity to its principles of those who, by their profession, are its representatives.

One of the most important instrumentalities for the successful advancement of this cause, is our State and local organizations, and a debt of gratitude, at least, is due to those who, by their untiring industry, have maintained them in their present prosperous condition.

The efficient labor of the chairmen of the different bureaus and their colleagues, demand suitable recognition, and it is desirable that they should have the cordial co-operation of every member of our Society.

At the present period of our history, to complete the superstructure of this temple of medical science, a materia medica as near perfection as possible, is a desideratum. This can be secured by diligence on the part of every practitioner. Let each one, from this time henceforth, constitute himself a committee for this object, and, as far as can be done consistently, institute provings under the direction of the chairman of that special branch, also making a special note of symptoms proved characteristic, which have not been recognized as such. Thus, in a brief period, we can secure material for a complete materia medica, even if Dr. Hering's safe should remain forever locked.

The importance of a correct history of homœopathy in our State, no one will question; and it is desirable that every member of our Society, should promptly render the necessary aid to the chairman of the bureau of statistics and registration, that this may be secured while its early pioneers are living.

The necessity for an institution where the insane can have the benefit of homœopathic treatment, is so urgent, that we hope every suitable effort will be made to fill up the subscriptions necessary to secure the State appropriation for that object.

I will suggest, for your consideration, a change to an earlier day, of the time for holding our annual meeting.

We will cherish the hope that all our efforts, here and elsewhere, will result in the advancement of medical science, and relief to suffering humanity.

The president then declared the sessions of the Society open for the reception of business.

On motion of Dr. William Wright, the secretary read a synopsis of the minutes of the last annual and semi-annual meetings.

The president announced the appointment of the following committees:

Credentials.—Drs. Albert Wright, W. H. Watson and C. Ormes.

Business.—Drs. H. M. Smith, T. Dwight Stow and George F. Foote.

To invite Members of the Legislature to attend the sessions of the Society.—Drs. S. D. Hand and H. Beakley.

To consider the Suggestions set forth in the President's Inaugural Address.—Drs. H. C. Houghton, J. R. White and L. B. Waldo.

Nominations.—Drs. E. A. Munger, H. D. Paine, T. C. White, G. B. Palmer and S. C. Knickerbocker.

The Society proceeded to the election of honorary members; the names of the following gentlemen having been proposed at the last annual meeting, they were unanimously elected:

C. Hempel, M. D., St. Petersburgh, Russia.

B. Hirschel, M. D., Dresden, Saxony.

Alfred C. Pope, M. D., Moselle Villa, Lee road, Lee, England.

Mathias Roth, M. D., 16 A Old Cavendish street, W. London, England.

Robert J. McClatchey, M. D., 918 North Tenth street, Philadelphia, Penn.

The names of gentlemen proposed for permanent membership at the last annual meeting elected, are as follows:

First district—T. Franklin Smith and R. McMurray, of New York.

Third district.—John S. Delavan and J. F. McKown, of Albany.

Fourth district—J. F. Miller, of Cambridge, Washington county; T. J. Pettit, Fort Plain, Montgomery county.

Fifth district—A. B. Southwick, Rome, Oneida county; H. V. Miller, Syracuse, Onondaga county.

Sixth district—R. E. Miller, Oxford, Chenango county; N. R. Seeley, Elmira, Chemung county.

Seventh district—W. B. Brown, Palmyra, Wayne county; J. H. Stebbins, Geneseo, Ontario county.

Eighth district—A. Shattuck, Buffalo, Erie county; Cornelius Ormes, Jamestown, Chautauqua county.

A discussion arose regarding the expediency of electing Drs. J. L. Keep and J. F. Talmadge. These gentlemen, having withdrawn from the Kings County Medical Society, were not considered eligible to permanent membership in the State Society. After extended

argument, pro and con, on motion of Dr. W. H. Barnes, Drs. H. D. Paine, A. Wright and S. D. Hand, were appointed a committee, to report at the next annual meeting.

The committee on credentials reported the names of the members present, as follows:

Permanent Members.

Drs. J. F. Gray.....	New York county.....	First District.	
H. D. Paine.....	do do	do	do
H. M. Smith.....	do do	do	do
T. F. Smith.....	do do	do	do
J. R. White.....	do do	do	do
R. McMurray.....	do do	do	do
Wm. Wright.....	Kings county.....	Second	do
W. S. Searle.....	do do	do	do
A. Wright.....	do do	do	do
H. N. Avery.....	Dutchess county.....	do	do
C. P. Cook.....	Columbia county.....	Third	do
P. W. Mull.....	do do	do	do
W. H. Barnes.....	do do	do	do
C. G. Clark.....	Rensselaer county	do	do
M. W. Campbell.....	do do	do	do
C. H. Carpenter.....	do do	do	do
F. W. Ingalls.....	Ulster county.....	do	do
J. W. Cox.....	Albany county.....	do	do
E. D. Jones.....	do do	do	do
H. M. Paine.....	do do	do	do
L. M. Pratt	do do	do	do
J. S. Delavan.....	do do	do	do
J. F. McKown.....	do do	do	do
J. Cromwell.....	Warren county.....	Fourth	do
D. H. Bullard.....	do do	do	do
A. W. Holden.....	do do	do	do
J. F. Miller.....	Washington county.....	do	do
B. F. Cornell.....	Saratoga county.....	do	do
F. J. Pettit.....	Montgomery county.....	do	do
J. N. White.....	do do	do	do
Wm. H. Watson.....	Oneida county.....	Fifth	do
L. B. Wells.....	do do	do	do
E. A. Munger.....	do do	do	do
B. B. Schenck.....	Onondaga county.....	do	do

Drs. S. C. Knickerbocker..	Jefferson county.....	Fifth District.
L. B. Waldo.....	Oswego county.....	do do
T. D. Stow.....	do do	do do
N. Spencer.....	Herkimer county.....	do do
E. C. Bass.....	Madison county.....	Sixth do
G. B. Palmer.....	do do	do do
A. E. Wallace.....	do do	do do
S. D. Hand.....	Broome county.....	do do
T. L. Brown.....	do do	do do
J. H. Stebbins.....	Ontario county.....	Seventh do
Wm. M. Gwynn.....	Cayuga county.....	do do
T. C. White.....	Monroe county.....	do do
C. Ormes.....	Chautauqua county.....	Eighth do

Delegates from Institutions.

Albany City Dispensary.....	Dr. P. J. Cromwell.
Buffalo Ingleside Home Hospital	
Buffalo Homœopathic Dispensary.....	
Brooklyn Gates Avenue Dispensary.....	
Brooklyn Homœopathic Dispensary.....	W. S. Searle.
Brooklyn Lying-in Asylum	
Middletown State Homœopathic Asylum for the Insane.....	G. F. Foote.
New York Homœopathic Medical College...	R. McMurray.
New York Five Points House of Industry Hospital	H. C. Houghton.
New York Hahnemann Hospital.....	H. N. Dunnell.
New York Ophthalmic Hospital.....	H. D. Paine.
New York Protestant Half-Orphan Asylum Hospital	
New York Bond street Dispensary.....	A. M. Woodward.
New York Homœopathic Medical College Dispensary.....	S. P. Burdick.
New York Metropolitan Homœopathic Dispensary.....	
New York Morrisania Homœopathic Dispensary.....	J. R. White.
New York Homœopathic Dispensary.....	V. Thompson.
New York North-eastern Homœopathic Dispensary.....	H. N. Dunnell.

New York Western Homœopathic Dispensary ..... Dr. L. de V. Wilder.
Poughkeepsie Homœopathic Dispensary.... H. N. Avery.

Delegates from Medical Societies.

Central New York..	Dr. P. O. C. Benson, Skaneateles.
Northern New York.....	A. W. Holden, Glen's Falls.
Albany county.....	W. H. Randel, Albany.
	S. H. Carroll, Albany.
	H. G. Preston, Albany.
	J. Smithwick, Albany.
Allegany county.....	
Broome county.....	T. L. Brown, Binghamton.
Cattaraugus county	
Cayuga county	Wm. M. Sprague, Auburn.
	P. O. C. Benson, Skaneateles.
Chautauqua county.....	C. Ormes, Jamestown.
Chemung county	
Chenango county.....	
Clinton county.....	
Columbia county	W. H. Barnes, Chatham.
	P. W. Mull, Ghent.
Cortland county.....	
Delaware county	
Dutchess county.....	Wm. Baxter, Hughsonville.
Erie county.....	
Essex county.....	
Franklin county.....	
Fulton county	
Genesee county	
Greene county	S. E. Calkins, Athens.
Hamilton county.....	
Herkimer county.....	N. Spencer.
Jefferson county.....	D. S. Kimball, Sacket's Harbor.
Kings county	Wm. Wright, Brooklyn.
	A. Wright, Brooklyn.
	W. S. Searle, Brooklyn.
Lewis county	
Livingston county	
Madison county	A. E. Wallace, Oneida.
	G. B. Palmer, East Hamilton.

Monroe county.....	Dr. G. W. Peer, Rochester.
	T. C. White, Rochester.
Montgomery county	J. N. White, Amsterdam.
New York county.....	S. P. Burdick, New York.
	A. Berghaus, New York.
	H. N. Dunnell, New York.
	L. de V. Wilder, New York.
	T. F. Smith, New York.
	J. R. White, New York.
	H. D. Paine, New York.
	H. C. Houghton, New York.
	Virgil Thompson, New York.
	A. M. Woodward, New York.
	R. McMurray, New York.
	J. F. Gray, New York.
	H. M. Smith, New York.
Niagara county	
Oneida county	W. H. Watson, Utica.
	E. A. Munger, Waterville.
	L. B. Wells, Utica.
Onondaga county.....	B. B. Schenck, Plainville.
Ontario county.....	J. H. Stebbins, Geneva.
	N. B. Covert, Geneva.
Orange county.....	G. F. Foote, Middletown.
Orleans county.....	
Oswego county.....	L. B. Waldo, Oswego.
	T. Dwight Stow, Fulton.
Otsego county.....	
Putnam county	
Queens county.....	
Rensselaer county	F. L. Vincent, Troy.
	E. S. Coburn, Troy.
	D. W. Pitts, Pittstown.
	R. E. Belding, Troy.
Richmond county	
Rockland county	
St. Lawrence county.....	
Saratoga county.....	T. E. Allen, Saratoga Springs.
Schenectady county.....	
Schoharie county.....	

Schuyler county.....	
Seneca county.....	
Steuben county.....	Dr. J. M. Cadmus, Hammondsport.
	W. J. Bryan, Corning.
Suffolk county	
Sullivan county	
Tioga county	
Tompkins county.....	R. Tallmadge, Meclenburgh.
Ulster county	F. W. Ingalls, Kingston.
Warren county	J. Cromwell, Caldwell.
Washington county.....	J. F. Miller, Cambridge.
	B. F. Cornell, Fort Edward.
Wayne county	
Westchester county.....	H. Beakley, Peekskill.
Wyoming county.....	
Yates county.....	C. H. Greene, Penn Yan.
	F. Tompkins, Penn Yan.

The following gentlemen were also present, and were invited to participate in the deliberations of the Society.

Dr. C. G. McKnight, Providence, R. I.
A. A. Arthur, Vergennes, Vt.
J. M. Drake, Dover, N. H.
O. J. Peck, Chatham, Columbia county.
H. B. Horton, Kinderhook, Columbia county.
J. Greene, Ghent, Columbia county.

Upon motion of Dr. Wm. Wright, all members of the profession present, were invited to participate in the proceedings.

Dr. A. A. Arthur, of Vermont, was then introduced by Dr. Wright.

Dr. Arthur responded briefly, his remarks having reference chiefly to the progress of homœopathy in the State of Vermont.

A communication was recived from Dr. J. W. Cox, inviting the members of the Society to a reception, at his residence in the evening, immediately after the annual address.

Dr. Wm. Wright offered the following resolution, which was adopted:

Resolved, That nominees for permanent membership shall be considered eligible, only when members, in good standing, of the county medical society, in which they reside at the time of their election, except in counties in which no society exists.

The business committee presented the report of the bureau of materia medica. The papers were read by their titles. Such as were called for were read in full. For the list of articles, see contents to bureau of materia medica.

On motion of Dr. Jones, it was

Resolved, That hereafter no paper or matter shall be admitted for publication into our Transactions, except such as shall be critically examined and approved by a majority of our publishing committee appointed for that purpose.

The treasurer, Dr. W. S. Searle, of Brooklyn, presented the annual report of receipts and expenditures for the fiscal year just terminated.

"The fiscal year, which is now closing, has been one of prosperity, and has again demonstrated the wisdom of the change in our financial plans, which was made three years ago.

The following is a detailed account of the moneys received and expended during the past current year:

Receipts.

Balance in treasury, February 8th, 1870	$43 28
Dues of members and delegates for the current year, received by the treasurer	395 00
Dues received by the secretary	101 00
Miscellaneous receipts	117 15
Total receipts to February 14th, 1871	$656 53

Expenditures.

Treasurer's expenses	$15 68
Paid to recording secretary	406 00
Received and expended by secretary	222 25
Total expenses to February 14th, 1871	$643 93
Balance in treasury February 14, 1870	$12 00

Indebtedness.

Bills due and unpaid	$454 83

The dues of thirty-five members for the current year remain unpaid, as also the dues of thirty delegates for the same period.

It will be remembered that at the last annual meeting, a resolution was adopted by the Society, providing for the dropping from

the rolls of the names of permanent members who should refuse or neglect to pay their dues for two successive years. In the cases of delinquent delegates, it was also resolved to refer the matter to their respective county societies.

It will therefore become the painful duty of the treasurer to report to the Society at its next annual meeting, the names of such delinquent members and delegates, and submit their case to the action of the Society.

A committee was also appointed at the last annual meeting, to inquire whether it would be competent for this Society to elect permanent members to fill the places of those who might be thus dropped from the rolls of the Society.

In consequence of irregularities in the Brooklyn post-office, over which your treasurer had no control, several letters containing remittances from members and delegates have been lost during the past two years. The treasurer has unfortunately lost his list of the names of those, and can now only recollect the case of A. P. Throop, M. D., delegate from New York county. The treasurer is convinced that Dr. Throop did send on his dues, and is equally certain that he did not receive them. Several others have repaid their dues which failed to come to hand. The treasurer would again recommend that remittances be always sent by post-office orders or draft.

The estimate of expenditures for the coming year is as follows:

Expenses of treasurer	$35 00
Expenses of recording secretary (including salary)	500 00
Expenses of corresponding secretary	15 00
Miscellaneous	50 00
Total	$600 00

All of which is respectfully submitted.

W. S. SEARLE,
Treasurer.

The Society then adjourned to meet in the afternoon.

Afternoon Session.

The Business Committee presented the report of the bureau of clinical medicine. The papers were read by their titles. Such as were called for, were read in full. For the list of articles see contents to bureau of clinical medicine.

The report of the committee appointed to consider the suggestions set forth in the president's inaugural address, was received and accepted. The committee reported adversely to changing the time for holding the annual meeting.

Dr. J. W. Drake, of Dover, New Hampshire, was introduced, and addressed the Society as follows:

"I cannot give a very flattering account of homœopathy in New Hampshire. There are thirty-five or forty homœopathic practitioners in the State. From some cause, many of them seem to have lost all interest in our State Society. Either they have been attracted to other organizations, or are not willing to sacrifice their own personal interest for the common good of the whole. Still there are a few *tried* and *true* who spare no effort to sustain our Society, or to advance the cause we so much cherish. We have recently been assailed by one whom we always considered loyal to the principle of *similia*, and to which he owes what reputation he has acquired as a medical man, who now addresses the Society in two letters, which he has freely circulated, claiming equal advantages to be derived from the law of *contraria* as that of *similia*, both equally *true*, and assumes to advise the Society to abandon the latter and renounce all sectarianism in medicine. The Society dates back to the year 1853, at which time it was duly chartered by an act of the State Legislature, thus, as I suppose, giving practitioners of the homœopathic school an equal legal status with those of the allopathic."

Dr. Talmadge, of Tompkins county, remarked that he was not a delegate, but a visitor; that prior to the next annual meeting he hoped a county society would be organized in the county in which he resides, thereby securing representation in the State Society.

The chairman of the business committee presented a report on medical education, by Dr. Carroll Dunham.

In regard to Dr. Dunham's report, Dr. Searle wished to have all action on the matter postponed, as in his annual address of last year, he proposed the same measure on medical education, and a committee had been appointed to draft a bill, which committee are to report during this session; therefore, while he had great respect for Dr. Dunham, he would like to have the matter postponed.

Dr. Smith moved that the report of Dr. Dunham be laid on the table for the present, which was adopted.

Dr. Watson called the attention of the Society to the subject of the ostracism of homœopathic surgeons by the pension bureau.

During the past summer the following circular had been issued by the commissioner to the examining surgeons, the interrogations of which were as follows:

"Where did you graduate? When did you graduate? What is your present school of practice, allopathic, homœopathic, hydropathic or eclectic?"

If the physician interrogated replied that he practiced homœopathy, he received a letter, of which the following, sent to Dr. Spooner, is a sample:

"WASHINGTON, D. C., *June* 20, 1870.

"SIR.—It is deemed necessary that all examining surgeons for the bureau should belong to one school and adopt one theory of medicine. This appears necessary for the sake of unity and harmony. As you do not belong to the school of medicine recognized by the bureau, you are requested to withdraw your name from the list of examining surgeons, and accept my thanks for services already rendered.

"Your obd't serv't,

"H. VAN AERNAM, *Com'r.*"

Physicians of our school, from this and other States had been thus summarily dismissed. It is evidently the purpose of the commissioner, Dr. Van Aernam, to remove all homœopathic physicians throughout the country from the office of pension surgeons.

The most prominent of these surgeons so ostracised is Dr. Stillman Spooner, of Oneida, Madison county. But there are other and numerous examples; and this exhibition of arbitrary power is now being exercised in this and other States. This outrage must not be longer tolerated. The Albany County Homœopathic Medical Society has published a series of resolutions which have been adopted by most of the homœopathic medical societies in the State, asking for the removal of Dr. Van Aernam. These resolutions and petitions have been sent to our representatives in Congress, but they have not produced the effect which we desire.

Dr. Spooner has recently received a letter from Senator Fenton, containing a proposition, either to remove Commissioner Van Aernam, or replace the physicians that have been removed. These propositions do not go far enough. We must ask, not only for the removal of Dr. Van Aernam, but also that the new appointee shall not belong to any shool of medicine. It is not at all necessary that

the commissioner be a physician. The law requires the commissioner to possess legal knowledge; he is not required to have a medical education; the surgeons perform all the necessary work; they judge of a claimant's disability and report to the commissioner, who acts upon their report, and upon that only.

Dr. Van Aernam, as a physician, belongs to a class of bigoted sectarians. The next appointee, no matter what his medical predilections are, may be of that class also. Therefore, let us ask that the appointee be other than a medical man.

In the history of our country there has not occurred a similar instance of intolerance as this. Clergymen, laymen, and many other intelligent persons, both allopathists and homœopathists, recognized the pernicious principle involved in this outrage, and have signed the petitions for the removal of Dr. Van Aernam.

Dr. Watson gave an extended history of the different homœopathic societies in reference to this outrage, and fully discussed the *sectarian* course of the pension bureau. He showed that the establishment of a national system of medicine is a violation of precisely the same principle as the establishment of a State religion. He indicated the mode of redress which, in his judgment, should be adopted, and moved that a committee of three be appointed to draft resolutions expressive of the sense of this Society. He then introduced Dr. C. G. McKnight, of Providence, R. I., and requested that he be invited to address the Society.

By invitation, Dr. McKnight addressed the Society as follows:

Gentlemen of the Homœopathic Medical Society of the State of New York.—I feel highly honored by your invitation to address you on this occasion, and yet I feel, that, as one of the original pioneers of homœopathy in this State, I have some right to do so. When I first commenced practice at Rochester, in this State, homœopathy occupied a far less enviable position than now. At that time the favorite appellations applied to us by our allopathic brethren, were those of "quack," "charlatan," "empiric," and other polite and courteous epithets of the same class, not altogether agreeable to the ear. Homœopathy, in those days, stood upon the defensive only, struggling for the right to live; now it is able to assume the aggressive when necessary. I, then as now, went in for an open field, and a fair fight, and I well recollect an instance which occurred in a court of justice, when a homœopathic physician tried to collect an honest

account against a delinquent patient. A professor in the Geneva Medical College, came on to the stand, and testified that a homœopathic physician was a "quack," and therefore not entitled to recover in a court of justice. We fought that thing through to the bitter end, and established the precedent, that a homœopathist was entitled to collect for services, notwithstanding the opinion of this learned and redoubtable professor.

Recently, I notice by the decision of the Court of Appeals, of your State, any allopathic physician can enjoy the luxury of calling a homœopathic physician a "quack," but if he does so, it will cost him just one hundred dollars, and *vice versa*, a homœopathic physician can, if so disposed, apply the same delightful epithet to an allopathic physician, by paying the same sum of money.

I was the surgeon of the board of enrollment, of Rhode Island, during the whole war. Several of my kind allopathic brethren, then endeavored to obtain my dismissal, but the head of the department at that time, was not like this Van Aernam, a low, bigoted fellow, but a gentleman, and replied that he did not care what *system* Dr. McKnight practiced, provided he was *competent* to discharge the duties of the office, and I was not removed.

When an examining pension surgeon of my own State, eminently fitted for the position, by his talents and acquirements, was requested to resign, by this sectarian bigot, Van Aernam, because of adherence to homœopathy, I advised him not to do it, but said to him, "Let the rascal turn you out if he dare."

In the land of Roger Williams, it is the universal sentiment that the time has now arrived, for the homœopathists to make a decided stand. In that little State, where the very atmosphere is that of *toleration*, the people, since the commission of this outrage by the pension bureau, are beginning to inquire whether this is a sectarian government? Whether it belongs to the Allopathists, the Homœopathists, the Infidels, the Baptists, the Roman Catholics, the Spiritualists, or any other particular sect or class of men, and whether any particular class is hereafter to exclusively control it, and alone enjoy all its honors and emoluments?

Mr. President, we are now a *power* in this country, and the time has come for us to exert it. A delegation should be appointed from every State in this Union, to go to Washington, and in plain, clear, respectful, but decided language, represent our grievances to General Grant and his administration, and ask for redress, and upon the

answer will depend a very large number of votes in the next presidential election.

We ask only for *justice*, but *justice* we must have at every cost, and we *cannot* and *ought* not to support any administration which will not cheerfully accord it to us. There is no law upon the statute books, which gives the slightest shadow of authority for the outrage upon our school, perpetrated by this Van Aernam. My distinguished friend, Dr. Watson, who has preceded me, has most fully and ably discussed this whole subject, and has stolen much of my thunder.

Dr. Holden said: "When the fall of Sumter occurred, I requested and obtained authority to raise a company of volunteers. I organized one of the first raised in the State. I received a captain's commission, in which capacity I served for some time; was afterward on the medical staff. After the war was over, I applied for and received the office of pension surgeon, and served in that capacity, under two administrations, until I recently received an invitation from Dr. Van Aernam to resign, or, as one of the gentlemen present expresses it, "an inquiry regarding my health."

The committee on resolutions was appointed as follows: Drs. W. H. Watson, R. McMurray and E. D. Jones.

The committee appointed to draft resolutions, subsequently reported the following, which were unanimously adopted:

Whereas, Dr. Stillman Spooner, of Oneida, Madison county, New York, and other surgeons of the homœopathic profession have been removed from the office of examining pension surgeon, by Commissioner H. Van Aernam, on the ground that they "did not belong to the school of medicine recognized by the bureau,"

Resolved, That the removal of Dr. S. Spooner, and others, from the office of pension surgeon, the duties of which they have faithfully and satisfactorily performed, for no other fault than their professed adherence to homœopathy, is an act of proscription for opinion's sake, unwarranted by law, contrary to the principles of our government, and inexcusable by any exigencies of the case.

That as the law does not recognize any system of medicine as entitled to special favor, regularly qualified physicians of every school have equal rights and privileges, and every attempt on the part of officials to discriminate for or against any class of practitioners, should arouse the just indignation of the liberal-minded public, whether within or without the profession.

Resolved, That we respectfully request the Congress of these United States to enact such legislation as shall place all educated and legally qualified physicians on a common footing in reference to appointments in all branches of the public service.

Resolved, That we hereby respectfully request the proper authority

to immediately reinstate in office all examining pension surgeons who have been removed "because they did not belong to the school of medicine recognized by the board."

Resolved, That in the name of an insulted and indignant profession, we respectfully, but most earnestly and decidedly, request of the President of the United States, that H. Van Aernam, who has stooped to the petty meanness of prostituting the power of his office to subserve the interests of his sect, and committed an unjustifiable outrage upon the intelligence of the community, through this attack upon the homœopathic profession, be speedily removed from the position which he now so unworthily occupies.

Resolved, That a copy of the above resolutions be transmitted to the President of the United States, to the Hon. Roscoe Conkling, Hon. Reuben E. Fenton, of the United States Senate, and to the other members of the Congress from this State, with the request that they be presented to both Houses of Congress.

On motion, the following gentlemen were appointed delegates (with power of substitution) to visit Washington, in connection with delegates from other States, to present to the notice of the Administration the subject of the ostracism of homœopathic surgeons by the pension bureau: Drs. Wm. H. Watson, E. A. Munger, Carrol Dunham, H. D. Paine, J. W. Cox, A. T. Bull, S. D. Hand, J. S. Delavan.

Dr. L. de V. Wilder offered the following resolution, which was adopted:

Resolved, That we tender a vote of thanks to Dr. C. G. McKnight, of Providence, Rhode Island, for the zeal and self-sacrifice he has manifested in meeting with us, and for his able and pertinent address regarding the removal of pension surgeons from the medical service of the government.

With regard to the progress made during the year, in the establishment of the insane asylum at Middletown, Dr. Foote stated that the Legislature passed a law granting a charter and one hundred and fifty thousand dollars, the latter to become available as soon as the same amount had been raised from other sources. The doctor was appointed general agent and medical superintendent to solicit aid, but had found it to be very difficult during the year past, to obtain subscriptions. Seventy-five thousand dollars have been raised, about ten thousand dollars of which has been paid in to the treasurer. The trustees authorized the committee to purchase two hundred acres of land, at a cost of thirty-three thousand dollars, on which there has been paid eight thousand dollars. The value of this property is estimated at forty-three thousand dollars.

The proceeds of a recent ball, given in the interests of the institution, amounted to six thousand dollars. There is a bill now before the Legislature, which, if passed, will enable us to obtain the amount appropriated last year, on raising seventy-five thousand dollars from other sources. If every physician would assist by using their influence with members from their respective districts, we can easily secure the passage of this bill,* and by next fall we can have an asylum.

The place is located near the Erie railroad and the company promise to lay a track to the grounds.

Dr. Stow called attention to the importance of taking action regarding the vice of intemperance. The doctor presented the following resolutions:

Whereas, Intemperance, particularly from the use of alcoholic beverages, is increasing to an alarming extent, producing serious, obstinate and lasting physical and mental diseases throughout our land; and,

Whereas, Nine-tenths of all the crime, and seven-eighths of all the pauperism, and four-fifths of all the insanity, and eleven-twelfths of the idiocy are ascribable to the use of intoxicating beverages; and,

Whereas, The appetite for alcoholic beverages is a very demon in intensity and periodicity, overcoming alike the strong and weak, and may be set up by the single or repeated draught; and, moreover, may be, and without doubt is, more likely to be indelibly stamped upon the individual during sickness or convalescence than in a state of health; and,

Whereas, Neither the theory nor the practice of stimulation, or of alteration by the use of alcohol or alcoholic spirit, is a part of, or consonant with the principles of homœopathy; and,

Whereas, Pure Christianity, reason, common sense, philanthrophy and patriotism are materially, each and all, damaged, degraded and insulted through the damning influence of this poison; therefore, be it

Resolved, By the Homœopathic Medical Society of the State of New York, convened on this 14th day of February, 1871, that we enter our protest against the mischievous, unreasonable, unphysiological theory (or assumption) of alcoholic or other stimulation.

Resolved, That we will not countenance a practice which is notoriously and visibly a "war upon nature," and productive of vastly more evil than good.

Resolved, That an article appearing in No. 1, of Vol. 1st, of the "Homœopathic Quarterly" published by Dr. Rollin R. Gregg, of Buffalo, New York, and entitled, "The Physical Evils of Alcohol," receives our cordial and unanimous indorsement, and that we recommend the committee on publication to insert it in the forthcoming, or next volume of Transactions.

*This bill became a law. See vol. VIII, section 1, page 709.

After a free expression of the views of the members present, the subject was referred to a committee, consisting of Drs. Wm. Wright, G. F. Foote and T. D. Stow, who were to report suitable resolutions, at the close of Dr. McMurray's address to be delivered in the Assembly chamber, in the evening.

The Society finally took a recess until evening.

Evening Session.

The Society met in the Assembly Chamber in the evening to listen to the annual address, delivered by Robert McMurray, M. D., of New York; subject "Medical Education."

The doctor endeavored to show, by reference to the natural laws of succession, that the mind, like the material body, depends for its characteristics on those of the generation which immediately preceded it. From this the question is raised, what is our duty in reference to the character of those who are to follow us in the medical profession? The doctor answered this question by stating that it is our duty to adopt such measures as will insure their thorough qualification for the duties they assume, and, that one of the most important means for attaining this object would be to so elevate the standard of medical education, as to render it certain that no one could receive a medical diploma until he had gone through such a course of mental training as will enable him to hold a respectable position among educated men. He asserted that education among the mass of the medical profession is at a low standard, and should be improved, by demanding a good scientific and classical training as a preparation for the study of medicine, because it is better calculated to develop the youthful mind than a purely professional course, and teaches the student to observe, compare, and reason correctly. The study of the French and German languages should be encouraged, because they contain the writings of many men eminent in science and medicine.

There were things faulty in the manner in which a purely professional education is conducted, and he suggested improvements; the time required for a medical education is too short, and should be increased; the schools are too numerous, and should be concentrated in localities where opportunities for clinical instruction are easily accessible. The students should be classified and the chairs divided to correspond with the classes, and a student should not be advanced from one class to a higher without being examined in the studies he had gone over.

The incentive to all is, that our school might vindicate itself by inaugurating a great and much needed reform in medical education; and more important still, that the student may be fully prepared to bear the responsibility and perform the duties incident to the life of a medical practitioner, which is important and arduous.

The address was listened to with much attention, by a large audience. After a vote of thanks to the gentleman for his address, the Society adjourned.

Later in the evening, the members of the Society were hospitably entertained at the residence of Dr. James W. Cox, on State street.

SECOND DAY—WEDNESDAY—MORNING SESSION.

The Society reassembled at half-past nine o'clock. Dr. T. F. Smith, the vice-president, in the chair.

The chairman of the committee on the resolutions of Dr. Stow, offered the following as a substitute, which was adopted:

Resolved, That while we cannot too strongly condemn the use of alcoholic drinks as a beverage, as productive of the most unmitigated evils to our physical, mental and moral natures, we hereby declare, as the sense of this New York State Homœopathic Medical Society, that their use as a medicine is rarely, if ever, required; and that when so used, should only be in such cases of disease as are severe and acute, and in such quantities only as shall preclude all reasonable probability that our patients can thereby ever acquire a love or taste for them.

NOTE.—At the adjournment of the afternoon session, Drs. Wright and Foote left the whole matter with me, and I accordingly drafted resolutions substantially the same as the original. At the close of Dr. McMurray's address, I arose to report the resolutions drafted, but was checked by Dr. W. Wright, who said, that as chairman of the committee, he could make his own report. He held in his hand a short resolution, which he had passed to Dr. Foote and myself, but which neither of us indorsed. Just at this juncture, Dr. Watson, of Utica, moved an adjournment to the residence of Dr. Cox and lady, who were awaiting our presence, to offer their respects and a collation.

Dr. Watson's motion included, or provided for, the report of our committee first, in order of business, the following morning. As ten o'clock, A. M., was the hour of adjournment, Dr. Foote and myself agreed to meet at the rooms occupied by the Society at half-past nine o'clock the following morning, which we did, at the very minute; when lo! the meeting had been called to order and Dr. Wright's resolution was called for and adopted. Dr. Wright had not shown the majority of the committee the resolutions offered by him, and we were, to say the least, quite surprised, not only at *his* course, but at the action of the convention!

Still wishing, as before, to make our record not only consistent, sound and clear on the question of temperance, but as *homœopathists*, also, at the earliest opportunity I moved a reconsideration of the resolution offered by Dr. Wright, in the morning,

The business committee presented the report of the bureaus of surgery, obstetrics and statistics; also papers classified as miscellaneous. The papers were read by their titles. Such as were called for were read in full. For the list of articles see contents of the different bureaus; for the list of miscellaneous papers see contents of part IV.

Reports were presented by delegates to seventeen State medical societies. The report of the bureau of statistics comprised reports from six hospitals and asylums, twelve dispensaries, one medical college, and thirty-one local and county medical societies.

Dr. Houghton read interesting papers, by Dr. Allen, upon ophthalmic diseases, presenting also several illustrations. He was listened to with much attention.

Dr. Smith read a paper, by Dr. Powell, on "Biliary Calculi," accompanied by specimens of the stones passed by the patient.

The following letter was read, by the secretary, from Dr. A. Wilder, president of the Eclectic Medical Society, wherein he presented an order for copies of the Transactions of the Eclectic Medical Society of the State of New York:

which was granted. I then moved to strike out that clause expressed as follows: "In such severe and acute cases of disease," arguing, that the only inference that practitioners of medicine and the public can draw from that clause is, that in the treatment of severe or acute diseases, we not only may, but *do* resort to alcoholic drinks, to the neglect or desertion of homœopathic principles! Furthermore, and in view of the appaling results of intemperance throughout the State of New York and the nation, it is the *duty* of our school as well as the duty of the allopathic school of medicine, to condemn the use of alcohol *everywhere* outside the arts.

I may be allowed to express my surprise at the action of the New York State Homœopathic Medical Society, in voting down my amendment to Dr. Wright's resolution, and my original resolutions; but far more surprised at its decided allopathic tendencies, as shown in the resolution of Dr. Wright.

It is high time for those followers of Hahnemann, who believe that he enunciated incontrovertible and eternal therapeutical principles, in erecting the homœopathic temple, *to zealously guard against* the admission of such grave and miserable errors as those indicated in the resolutions of Dr. Wright; and, still another, which, relating to the subject, intemperance, is to appear in the Transactions for 1870.

Dr. Lippe, of Philadelphia, is quite right in his views, all along, and still later expressed in his valuable paper entitled, "Liberty of Medical Opinion and Action."

Above all others should the homœopathic physician constantly and conscientiously guard against an abandonment of his principles of therapeutics, or, fortifying by word or act, so terrible a calamity as intemperance, from the use of alcoholic beverages.

T. DWIGHT STOW.

Albany, *February* 14, 1870.

L. B. Wells, M. D., *President of the Homœopathic Medical Society of the State of New York:*

Dear Sir.—I have taken the liberty to offer for your acceptance two hundred copies of the fourth annual volume of the Transactions of the Eclectic Medical Society of the State of New York, for the year 1870.

Our two associations are fellow laborers in the field of reformed scientific medicine, and our labors have been crowned with such success as has already required our rivals of the old school to concede that we have added valuable contributions to the pharmacopœia and accomplished invaluable amelioratives in the treating of the sick. We have obtained, in a degree, what is essential to our future progress, the appointment of physicians of our respective schools to honorable places under the general government. Let us persevere a little longer and our own State will not withhold the rightful meed of honor.

Already, in Massachusetts, the wall of partition is broken down, so that reputable physicians, who once were denominated "irregular," are admitted to membership of the State Medical Society and its auxiliaries. It may be that good sense and enlightenment may yet bring a new era into our own State; that the iron rule of medical bigotry may be broken, so that honorable practitioners, though not altogether seeing eye to eye, may yet fraternize, aid one another, and contribute jointly to the one great object. Let us continue to labor and to hope.

The donation was accepted, and a vote of thanks to Dr. Wilder was adopted.

A resolution was adopted expressing the thanks of the Society to the Legislature for the use of the Assembly Chamber.

Dr. Wm. Wright offered the following:

Resolved, That the thanks of the Society are eminently due to Dr. and Mrs. J. W. Cox, of this city, for their courteous and liberal entertainment and reception given to the Society.

Dr. Gray, chairman of the committee on medical education, presented the following report:

"The committee on medical education respectfully report the following form of a law, regarding the examination of candidates for the license and degree, as, in their unanimous judgment, the best means this State Medical Society can adopt, for the advancement of sound practical knowledge among the future members of the profession in the State of New York.

"The committee, assuming authority to add to their number, elected Dr. W. S. Searle, a member, by whom they have been most diligently

aided in their inquiries and deliberations; and they respectfully ask the Society to confirm Dr. Searle's appointment.

"If the accompanying form of a law, be adopted, the committee suggest the early appointment of an efficient committee for presenting it to the Legislature and Governor for enactment."

Memorial Accompanying the Bill.

To the Honorable the Legislature of the State of New York:

The undersigned, in behalf of the Homœopathic Medical Society, and by its direction, beg leave to call the attention of your honorable body, to the annexed project of a law respecting the appointment of one or more boards of examiners in medicine, by the Regents of the University, and to ask that it may become a law, for the following reasons, viz.:

I. The existing colleges of medicine and medical societies, are not directed by law to require of candidates for their diplomas any classical training whatsoever. Nevertheless, it is well known to all physicians, that without considerable knowledge of the Latin language, a thorough acquaintance with arithmetic up to and including decimals of algebra, and enough knowledge of the Greek grammar to render reference to the lexicon of that language an easy and satisfactory process, it is impossible for the student of medicine to read, with clear comprehension, the elementary books of the art of healing, or listen to the oral instructions of lectures, without losing the connection very frequently, for want of a knowledge regarding the technics used, all of which are of Latin or Greek derivation, or through ignorance of the definite relation of quantity, expressed by decimal and algebraic notation. For want of this preliminary instruction, the student of medicine, whatever his industry or force of intellect is, and however, excellent his preceptors may be, must be a confused and inexact scholar, and, therefore, also become and remain, an insecure and uncertain practitioner of his art.

II. The existing colleges of medicine, cannot remedy this difficulty in any one State, if any or all of them desire so to do; for the refusal to receive all students who were deficient in these respects, could only result in turning all such applicants from their doors, and in effect, sending the majority away to other States for instruction.

Reformation of this great and growing evil among existing colleges of medicine in this country, is attainable only through an unanimous compact among them, shutting the doors of all, to illiterate applicants; a result which may safely be considered impossible, since the attempt

would deprive, all alike, of pupils and of the means of support for some three or four years, at very shortest.

III. The Homœopathic Medical Society of the State, after mature consideration, appointed a committee, a year ago, to ascertain in what way a rule requiring a somewhat liberal education as a preliminary condition of medical pupilage could be established without infringing upon the legal rights of existing medical colleges. Their committee reported the plan proposed in the bill annexed, which met with very favorable consideration in the Society, and which was this morning, unanimously adopted by that body, namely; the empowering of the Regents of the University to appoint boards of examiners before which only liberally educated candidates could appear and canvass for the license and degree.

IV. Your memorialists hope that the impartiality, or rather catholicity of the plan whereby each of the existing schools of practice can have a board of examiners at the hands of the Regents, will meet the approbation of the government of the State.

V. The method of examination, although a somewhat tedious process, has been proven to be of inestimable value in Prussia and Denmark, where it has been in operation for more than half a century, and produced highly desirable results in every respect. It is to be hoped that the Regents will make rules respecting the making and keeping of the records which shall insure entire impartiality and fullness of scrutiny on the part of the examiners.

VI. If this bill become law, the very best talent will be in requisition, and at no distant day in harmonious competition throughout the State. No special franchises will be needed, nor will they be sought for; voluntary associations of teachers can do the good work under this general act in a far more efficacious and more republican, and therefore more honorable manner than the present. The undersigned have the honor to represent the views of the homœopathic physicians of the State in this memorial and to present the views to the Legislature in behalf and by specific order of the Homœopathic Medical Society of the State, made at the recent annual meeting of that body.

Albany, *February* 15, 1871.

JOHN F. GRAY, M. D.,
President.

H. M. PAINE, M. D.,
Secretary.

In Assembly, *February* 17, 1871.

An Act concerning the practice of physic and surgery.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. In addition to the cases mentioned in section twelve, of title seven, of chapter fourteen of the first part of the Revised Statutes, the regents of the university shall have the power of granting diplomas conferring the degree of doctor of medicine, in the manner and under the conditions following, viz.:

1. The regents of the university shall appoint one or more boards of examiners in medicine, each board to consist of not less than seven members, who shall belong to some of the State or county medical societies of this State.

2. Such examiners shall faithfully examine all candidates referred to them by the chancellor of the university for that purpose, and furnish to the chancellor a detailed report in writing of all the questions and answers of each examination, together with the opinion of each examiner as to the merits of the candidates in every case.

3. Such examination shall be in anatomy, physiology, chemistry, the history of medicine, the allopathic and homœopathic modes of practice, surgery and midwifery.

4. The said reports of such examination shall be a part of the public documents of the university, and the action of the regents thereon shall accompany the same.

5. Any person over twenty-one years of age, of good moral character, applying to the said chancellor therefor, shall receive an order for such examination on satisfying the chancellor that he or she has a competent knowledge of arithmetic, algebra, the Latin and German languages and of the Greek grammar, and on paying into the treasury of the university the sum of thirty-five dollars.

6. The regents of the university, on receiving the aforesaid report of the examiners, and on finding that at least five members of the board report in favor of the candidate, shall issue to him or her a diploma, conferring upon him or her the degree of doctor of medicine of the university of the State of New York, which diploma and degree shall entitle him or her to practice medicine in this State.

§ 2. The candidate, on receiving the said diploma, shall pay into the treasury of the university the further sum of fifteen dollars.

§ 3. The moneys paid into the treasury under the provisions of this act shall be appropriated by the regents toward paying the expenses of executing the provisions of this act.

§ 4. The regents may, from time to time, establish and adopt such rules and regulations as they may deem proper and necessary to carry out the provisions of this act.

§ 5. This act shall take effect immediately.

Dr. Houghton offered the following resolution, which was adopted:

Resolved, That the bill entitled "An act Concerning the Practice of Physic and Surgery," be referred back to the committee formerly having it in charge, with instructions to take such action as may be required to secure its enactment by the Legislature, and that Drs. Cox and Jones, of Albany, and Searle, of Brooklyn, be added to that committee.

Dr. Searle offered the following:

Resolved, That the Homœopathic Medical Society of the State of New York, approves and indorses the project of the bill entitled "An act Concerning the Practice of Physic and Surgery," and respectfully requests the passage of the same by the Legislature.

Dr. Smith moved that the papers of Dr. Dunham, on medical education, be taken from the table.

After various objections, Dr. Searle moved that the papers be laid upon the table until next year, which was adopted.

The nominating committee presented their report, which was accepted. The following is a list of the officers elected for the ensuing year:

President.—JOHN F. GRAY, M. D., 227 Fifth avenue, New York.

First Vice-President.—T. F. Smith, M. D., 68 East One Hundred and Twenty-eighth street, New York.

Second Vice-President.—J. C. Raymond, M. D., 248 Genesee street, Utica.

Third Vice-President.—A. W. Holden, M. D., Glen's Falls, Warren county.

Recording Secretary.—H. M. Paine, M. D., 104 State street, Albany.

Corresponding Secretary.—E. D. Jones, M. D., 140 State street, Albany.

Treasurer.—J. F. McKown, M. D., 297 Hamilton street, Albany.

Censors.

Northern District.

Drs. E. B. Cole, Waterford, Saratoga county.
S. C. Knickerbocker, Watertown, Jefferson county.
A. B. Southwick, Rome, Oneida county.

Southern District.

Drs. L. W. Flagg, Yonkers, Westchester county.
W. S. Searle, 177 Montague street, Brooklyn.
E. M. Kellogg, 29 East Nineteenth street, New York.

Middle District.

Drs. C. W. Boyce, 18 South street, Auburn, Cayuga county.
G. Z. Noble, Dundee, Yates county.
W. A. Hawley, 52 Warren street, Syracuse.

Western District.

Drs. T. C. White, 14 South Clinton street, Rochester.
L. M. Kenyon, 86 West Mohawk street, Buffalo.
N. R. Seeley, Elmira, Chemung county.

Executive Committee.

Drs. John F. Gray, 227 Fifth avenue, New York.
T. Franklin Smith, 68 East One Hundred and Twenty-eighth street, New York.
J. C. Raymond, 248 Genesee street, Utica.
A. W. Holden, Glen's Falls, Warren county.
H. M. Paine, 104 State street, Albany.
E. D. Jones, 140 State street, Albany.
J. F. McKown, 297 Hamilton street, Albany.
S. Lilienthal, 230 West Twenty-fifth street, New York.
W. H. Watson, 270 Genesee street, Utica.
S. P. Burdick, 303 West Thirty-fourth street, New York.
W. T. Helmuth, 21 West Thirty-seventh street, New York.
H. N. Avery, 92 Cannon street, Poughkeepsie, Dutchess county.

Committee on Publication.

Drs. H. M. Paine, 104 State street, Albany.
J. W. Cox, 109 State street, Albany.
E. D. Jones, 140 State street, Albany.
L. M. Pratt, 58 Columbia street, Albany.

Bureau of Materia Medica.

Dr. S. Lilienthal, 230 West Twenty-fifth street, New York.

Bureau of Clinical Medicine.

Dr. W. H. Watson, 270 Genesee street, Utica.

Bureau of Obstetrics.

Dr. S. P. Burdick, 303 West Thirty-fourth street, New York.

Bureau of Surgery.

Dr. Wm. Tod Helmuth, 21 West Thirty-seventh street, New York.

Bureau of Statistics.

Dr. H. N. Avery, 92 Cannon street, Poughkeepsie, Dutchess Co.

Nominees for Honorary Membership.

C. G. McKnight, M. D., Providence, R. I.
W. W. Rodman, M. D., Connecticut.

Nominees for Permanent Membership.

First District.

Dr. S. Lilienthal, 230 West Twenty-fifth street, New York.

Second District.

Drs. Charles E. Cook, 111 Warren st., Hudson, Columbia county.
William Baxter, Hughsonville, Dutchess county.

Third District.

Drs. W. H. Barnes, Chatham, Columbia county.
N. D. Hunting, 84 Grand street, Albany.

Fourth District.

Drs. H. K. Bennett, Whitehall, Washington county.
James Cromwell, Caldwell, Warren county.

Fifth District.

Drs. Nathan Spencer, Windfield, Herkimer county.
Wm. B. Stebbins, Little Falls, Herkimer county.

Sixth District.

Drs. Stillman Spooner, Oneida, Madison county.
Edward Loomis, Oneida, Madison county.

Seventh District.

Drs. G. W. Peer, Washington Hall, Rochester, Monroe county.
T. C. White, 14 South Clinton street, Rochester, Monroe Co.

Eighth District.

Dr. Hubbard Foster, 31 Franklin street, Buffalo, Erie county.

Delegates to State Medical Societies.

American Institute.

Drs. B. F. Cornell, Fort Edward, Washington county.
S. C. Knickerbocker, Watertown, Jefferson county.

Drs. J. F. McKown, 297 Hamilton street, Albany.
G. D. McManus, 23 East Bridge street, Oswego.
E. C. Bass, Cazenovia, Madison county.
S. D. Hand, Binghamton, Broome county.
J. M. Cadmus, Hammondsport, Steuben county.

Connecticut Medical Society.

Drs. L. de V. Wilder, New Haven, Conn.
Wm. Wright, 96 Fifth street, Brooklyn.
G. F. Foote, Middletown, Orange county.

Illinois Medical Society.

Drs. Wm. H. Watson, 270 Genesee street, Utica, Oneida county.
D. F. Bishop, Lockport, Niagara county.
E. M. Kellogg, 29 East Nineteenth street, New York.

Indiana Medical Society.

Drs. J. W. Dowling, 58 West Twenty-fifth street, New York.
E. G. Cook, 38 East Swan street, Buffalo.
P. W. Mull, Ghent, Columbia county.

Iowa Medical Society.

Drs. M. M. Gardner, 37 Columbia street, Utica.
Henry C. Houghton, 50 West Thirty-third street, New York.
L. W. Flagg, Yonkers, Westchester county.

Maine Medical Society.

Drs. G. L. Gifford, Hamilton, Madison county.
C. S. Woodruff, 30 Third street, Troy.
J. S. Delavan, North Pearl, cor. Columbia street, Albany.

Massachusetts Medical Society.

Drs. T. F. Smith, 68 East One Hundreed and Twenty-eighth street, New York.
John Smithwick, Weston, Mass.
E. A. Munger, Waterville, Oneida county.

Michigan Medical Society.

Drs. T. C. White, 14 South Clinton street, Rochester.
L. M. Kenyon, 86 West Mohawk street, Buffalo.
A. Wright, 1 Bedford avenue (E. D.), Brooklyn.

Missouri Medical Society.

Drs. Lyman Clary, 54 Warren street, Syracuse.
H. Beakley, Peekskill, Westchester county.
A. T. Bull, 98 East Swan street, Buffalo.

New Hampshire Medical Society.

Drs. Harmon Swits, Schenectady.
C. H. Carpenter, 1 Fifth street, Troy.
H. C. Houghton, 3 East Thirty-third street, New York.

New Jersey Medical Society.

Drs. Robert McMurray, 192 Second avenue, New York.
T. F. Allen, 3 East Thirty-third street, New York.
P. P. Wells, 158 Clinton street, Brooklyn, (E. D.).

Ohio Medical Society.

Drs. G. B. Palmer, East Hamilton, Madison county.
E. C. Bass, Cazenovia, Madison county.
J. R. White, One Hundred and Twenty-fourth street, between Second and Third avenues, New York.

Pennsylvania Medical Society.

Drs. H. D. Paine 227 Fifth avenue, New York.
T. L. Brown, Binghamton, Broome county.
N. R. Seeley, Elmira, Chemung county.

Rhode Island Medical Society.

Drs. J. W. Cox, M. D., 109 State street, Albany.
C. W. Boyce, 18 South street, Auburn, Cayuga county.
Wm. Wright, 96 Fifth street, Brooklyn.

Vermont Medical Society.

Drs. S. C. Knickerbocker, Watertown, Jefferson county.
D. E. Southwick, Ogdensburg, St. Lawrence county.
G. D. McManus, Oswego, Oswego county.

On motion of Dr. Gray, Dr. Dunham's report and memorial on medical education was reconsidered, and on motion of Dr. Wright, was referred to the committee on education.

The committee was authorized to take such action as may be deemed necessary; to increase the number of members, and to report at the next annual meeting.

On motion of Dr. Foote, the committee on nominations were authorized to fill vacancies of delegates to State medical societies.

On motion, it was ordered that the semi-annual meeting be held at Richfield Springs,* August 10, 1871.

On motion of Dr. Watson, the president appointed Drs. E. A. Munger, W. H. Watson, N. Spencer, N. Getman and T. S. Blodgett, a committee of arrangements for the semi-annual meeting.

On motion, Dr. Watson was authorized to add to the committee the names of such gentlemen as might be deemed necessary.

On motion of Dr. Paine, the by-laws were so amended as to provide for the appointment of the publication committee from members residing in Albany and vicinity. The president appointed Drs. H. M. Paine, E. D. Jones, J. W. Cox and L. M. Pratt.

On motion of Dr. Wm. Wright, the thanks of the Society were tendered to the retiring officers, and the clergyman who officiated at the opening of the session.

The secretary read several extracts from his correspondence, as follows:

"I regret that the prospect of my coming up to the annual gathering of our friends at Albany, seems to grow less and less as the hours go on. But while I am absent in the flesh, I shall be with you in spirit, and you will permit me to express the hope that you may have a very profitable as well as pleasant session.

"The inclosed letter from Dr. Hornby, was written in reply to one I addressed to him, and as he expressed the desire to have it placed before the Society, I will put it at your disposal, as I am unable to bring and present the letter *in propria personæ*.

"Again expressing the desire that this meeting may be harmonious and profitable, and that the men of our school may present an undivided front to the enemies of medical truth,

"I am, for that truth, yours faithfully,

"AUGUSTUS P. THROOP."

POUGHKEEPSIE, *November* 4, 1870.

AUGUSTUS P. THROOP, M. D., New York.

DEAR SIR.—In reply to your favor of yesterday's date, I beg to acquaint you with the facts of my case, in the order of their occurrence, confining myself to the principal data, and referring to the Transactions of our State Society for 1865, for the particulars as referred to by me.

In the latter part of the month of November, 1864, I took nux vomica^{2c}, Lehermann's potency, and in twelve hours afterward, the hernia, which had lasted for two years and a half previously, disap-

* On account of the inability on the part of the committee to procure suitable railroad accommodations, the place for holding the semi-annual meeting was changed to Saratoga Springs.

peared, and remained so, till the month of April, 1865, when it as suddenly reappeared, after taking the two hundredth potency of Leher, mann's aconite, which I took for symptoms corresponding to a severe attack of catarrh of the head and chest, contracted through exposure to the weather, incurred in a journey into the country during a cold-damp night.

After the cure of the catarrh, I reverted to the use of nux vomica in the two hundredth, five thousandth, ten thousandth, twenty thousandth and fifty thousandth of potencies, taken during the last four years, at long intervals, and in correspondence with then prevailing symptoms, at different seasons of the year, but have made no impression on the hernia, which remains protruded, but not so large a size as before taking the nux in the first instance.

In 1866, at the meeting of our Society at Albany, I named the fact of its return to Drs. Clary and Guy, and would have reported it verbally to the Society in session, but that I came too late to do so, having arrived just as the meeting was breaking up.

Dr. Paine, of Albany, wrote to me some weeks ago, on the subject of the hernia, and urging me to report on it; and it now occurs to me, that if you will mention these facts to the State Society at its meeting in February, you would confer a great favor on me, as it will not be possible for me to attend, and it would spare me the trouble of reporting on it."

Also letters from Drs. Harris of Ann Arbor; Benj. H. Cheeney, of Chicago; H. Barton Fellows, of Chicago; T. P. Wilson, of Cleveland; W. D. Anderson, of New Haven; H. B. Millard, of New York; C. Dunham, of New York; S. Lilienthal of New York; J. L. Clark, of Fall River; T. J. Pettit, of Fort Plain; W. Eggert, of Indiana.

On motion, the meeting adjourned *sine die.*

H. M. PAINE,
Recording Secretary.

II.

Homœopathic Medical Society of the State of New York. Proceedings of the Twentieth Semi-annual Meeting.

Morning Session.

The twentieth semi-annual meeting of the Homœopathic Medical Society of the State of New York, was held in the rooms of the Young Men's Christian Association, at Saratoga Springs, August 10, 1871.

At half-past ten, the meeting was called to order, the president, John F. Gray, M. D., LL.D., in the chair.

Prayer was offered by the Rev. Dr. King, of Saratoga, after which the president delivered the following address:

My Worthy Colleagues.—Permit me to thank you for the honor of an unanimous election to this seat in your meetings, and to the presidency of your useful corporate administration.

I also desire to return you my most hearty thanks for the resolution passed by the Society during my late severe and precarious illness.

The young soldiers of our conflict with human maladies and infirmities, cannot know till their own term of discharge approaches, as mine now visibly does, how grateful to the worn out veteran, are the plaudits of those whom he has helped to educate for their work, and whom he has heartily welcomed as his compeers. The pioneer belongs to his successors; he is their inheritance, whether under or over valued; and he loves his relationship to them, because it is replete with unalloyed cordialities, just when these are balm and nectar for his waning energies. Moreover, the pioneer lives on and works forward in the ranks of his successors, evermore till the last vestige of his individuality has faded out from their memory; till each truth he has tried to teach, and each good he has inculcated has lost his impress and been garnered in the common treasury of his guild or profession.

Little as I have accomplished for you, my dear friends, you will allow me to indulge the hope that I may remain a co-worker with you in the reformation of our examining process, and in the assertion of

the right of private judgment in therapeutics, for some time after I have left the bodily life; nay, possibly, even till your educational provisions are arranged on a sure basis, and also till the independence of each practitioner, in his own therapeutic domain, is fully established and recognized.

Let us work together, now and hereafter, as heretofore, for the equal distribution of legal and corporate rights among the various sects or schools of medicine; colleges, societies, boards of examiners for each, if they ask for them, by general law, common to all; until the not very distant epoch of scientific toleration shall dawn on the whole profession and construct the great common school of a higher civilization, within its folds.

Meantime, while we adhere to homœopathy as a cardinal maxim in therapeutics, confirmed by all historic records, and hourly elucidated in our practice, we should not, and we will not seek to crystallize around it a discreet and infallible sect. We are believers in homœopathy indeed, but not partisans of any rule of discipline for those who do not see its truth and its efficiency. Moreover, we should beware of claiming for our advanced position in therapeutics, an immutability of practice, which future discoveries may supplant. We should say of truth, in this regard of ours, just what the Roman philosopher said of her, away behind the dark ages, in a Catholic sense: *Multum ex illa etiam futuris relictum est.*

I beg your careful attention to the following trenchant passages, I have this morning extracted from the thirty-third letter of Seneca's epistles to his friend Lucilius.

The time has arrived, as I think, when the *Organon* of Protest should be compiled and studied for and by all men; at any rate, so much of it as Seneca wrote, eighteen hundred years ago, may to-day be acceptable to the true and upright men of homœopathy.

"Hoc Zenon dixit: tu quid? Hoc Cleanthes: tu quid? Quousque sub alio moveris? Et impera et dic, quod memoriæ tradatur. Aliquid et de tuo profer. Memoriam in alienis exercuerunt. Aliud est meminisse, aliud scire: meminisse est rem commissam custodire. At contra scire est et sua facere quæque nec ad exemplar pendere et totiens respicere ad magistrum. * * * * * *

"Adjice nunc quod isti, qui nunquam tutelæ suæ fiunt, primum in ea re sequuntur priores, in qua nemo non a priore descivit. Deinde in ea re sequuntur, quæ adhuc quæritur. Nunquam autem invenietur, si contenti fuerimus inventis. Preterea qui alium sequitur, nihil invenit, immo nec quærit. Quid ergo? Non ibo per priorum vestigia? Ego vero utar via veteri, sed si propiorem planioremque

invenero, hanc muniam. Qui anto nos ista moverunt, non domini nostri, sed duces sunt. Patet omnibus veritas. Nondum est occupata. Multum ex illa etiam futuris relictum est."

There is one topic more to which I beg leave to call your attention before taking the chair of the session, namely *scientific impartiality*. By this I mean a certain degree of independence on Hahnemann, or on any other leader in any department of our great art of healing. We can justly regard the greatest laborers in the art, as witnesses whose testimony is to be weighed with diligent care; but it is injurious to ourselves and to our patients, if we look upon them as masters whose dicta are to be obeyed in all cases. We should feel, merely, that they are our predecessors in given lines of observation and discovery; not that their charts of procedure are infallible guides for us. The tendency to sink our individuality and treat our own observations, reason and intuitions with distrust, is never more apparent than when, as in our case, a great leader arises with a new and invincible protest, against long established errors and fallacies. We indorse his protest, because we find its basis impregnable, and we are his grateful and admiring disciples. But we also adopt all his affirmative teachings with quite culpable eagerness, and without independent and careful scrutiny, because we assume that the genius which could so clearly detect immemorial fallacies of an older *therapeia* may be blindly trusted for the construction of a new one. We should rather imitate his noble audacity, and protest also, against whatsoever of error or fallacy we find in his system; and even therein become his disciples on the highest plane of his character.

Many of us cannot coincide with Hahnemann in his comprehensive hypothesis of chronic diseases, nor entirely so in his posology. We are not only not bound to do so, publicly, from any imaginable fealty to him or to his school as a sect; but rather are we obligated by self-respect, as his peers, and by our loyalty to truth, to teach and practice precisely as his method and any and all other methods harmonize with our own best convictions.

The vice-president, Dr. T. Franklin Smith, was then called to the chair.

Dr. Gray presented the report of the committee on medical education. He alluded to the correspondence between himself and Governor Hoffman regarding the veto of the bill passed by the Legislature, relative to the degree of doctor of medicine.* He

*See latter part of this volume, article entitled Laws relating to the Practice of Medicine and Surgery.

then offered the following resolution, which was unanimously adopted:

Resolved, That the committee on medical education be instructed to change the bill, passed by the last Legislature, by making such modifications (not impairing the purposes of the bill) as they may find necessary, and take such action as may be required in order to secure its passage by the next Legislature of this State.

There were present at the meeting Drs. E. D. Jones, W. H. Randel, C. E. Jones, M. H. Parmelee, H. M. Paine, from Albany; Dr. H. A. Houghton, from Essex county; Dr. N. Spencer, from Herkimer county; Drs. Wm. Wright and M. C. Bowen, from Kings county; Drs. G. L. Gifford, G. B. Palmer, from Madison county; Drs. E. M. Kellogg, B. F. Bowers, F. Seeger, T. E. Allen, A. P. Throop, A. M. Holden, H. D. Paine, J. W. Dowling, John F. Gray, T. F. Smith, J. G. Baldwin, from New York; Dr. E. A. Munger, from Oneida county; Dr. C. M. Lawrence, Orange county; Drs. E. S. Coburn, C. H. Carpenter, F. L. Vincent, from Rensselaer county; Drs. S. J. Pearsall, Z. Clements, G. W. King, from Saratoga county; Dr. H. Swits, from Schenectady; Drs. B. F. Cornell, J. F. Miller, H. K. Bennett, G. W. Little, P. I. Cromwell, H. J. Ward, from Washington county; Dr. W. B. Ropes, from Westchester county.

The secretary presented the following papers, which were read by title:

Report of Albany City Dispensary for quarter ending July 1st, 1871, by Dr. M. H. Parmelee.

Report of Building Committee of Hahnemann Hospital, New York city, by Dr. F. Seeger.

Report on Surgical Cases, by Dr. H. G. Preston.

Iodoform, by Dr. B. F. Underwood.

Suicide by Drinking Chloroform, by Dr. T. T. Calkins.

Scarlet Fever, by Dr. H. K. Bennett.

Arsenical Poisoning, by Dr. C. Judson Hill.

Chorea, by Dr. C. Judson Hill.

Clerical Notes and Characteristics, by Dr. H. K. Bennett.

The Importance and Manner of Studying the Materia Medica, by Dr. Alfred K. Hills.

Procidentia Uteri, by Dr. Throop.

Scarlatina, by Dr. Pearsall.

Small-pox, by Dr. J. F. Miller.

Case from Practice, by Dr. Wm. Wright.

Report of New York Homœopathic Medical College, by Dr. Dowling.

Statistics of the Medical Profession in United States, by Dr. H. M. Paine.

Statement of Dryden Springs Sanitary Home, by Dr. H. M. Paine.

Vaccination, by Dr. F. L. Vincent.

Mammary Abscess and Phytolacca Decandra, by Dr. C. H. Carpenter.

Dr. Jones moved that the reports of the dispensaries be referred to the publishing committee, except that of the Hahnemann hospital. Adopted.

Dr. F. Seeger, Medical Director of the Hahnemann hospital, of New York city, addressed the Society, giving a brief history of this institution. Dr. Seeger stated that the architect had sent a communication to the board of trustees to the effect that the plans and specifications have been completed. The plan is that agreed upon by all authorities, foreign and American, as being the best for adoption in erecting hospitals. This plan is what is termed the pavilion system. The new Hahnemann hospital building will consist of a large, central administrative building, and of pavilions or wings. The central building has a front of fifty feet and a depth of sixty. The pavilions are one hundred feet long, twenty-seven feet wide, and fifteen feet in height. The newest and most approved discoveries in the science of hospital construction, ventilation and heating have been embodied in the new building, and the building will undoubtedly be one of the finest on the continent, as well as in the old world. The hospitals of this country really are far ahead of those in the old world. The building will cost about $250,000, and will readily accommodate two hundred patients, allowing each patient one thousand three hundred cubic feet of air. The architect is Mr. George Hathorne. The medical board consists of Drs. F. Seeger, Wm. Tod Helmuth, F. W. Hunt, B. F. Bowers, C. E. Blumenthal, Lewis Hallock, A. P. Throop, S. Lilienthal and others. Wm. Hiram Calkins is president.

The report of the Albany City Dispensary was called for and read by Dr. Parmelee. The following is a summary of the above report for the quarter ending July 1st, 1871:

"During the quarter there were two thousand seven hundred and thirty-eight prescriptions made to eight hundred and fifty-three

patients. Of these, one thousand seven hundred and sixty-eight were made at the dispensary, and nine hundred and sixty eight as visits at the houses of the sick, showing a large increase over last year's report for the same time, and making the number of prescriptions at this institution up to July 1st, twenty-three thousand five hundred and sixty-seven. Although the number of distinct diseases has been unusually large, amounting to one hundred and twenty-six, but ten deaths have occurred, and those from causes generally fatal. The dental department has also contributed its share, having extracted sixty teeth from forty-one different patients.

Dr. Preston's paper, "Report on Surgical Cases," was then read, accepted and referred to the committee on publication.

Dr. H. D. Paine.—I have always thought it one of the glories of homœopathy, that internal and external treatment could be had at the same time. It looks as if the internal treatment had been neglected in the report. Great advances have been made in treatment, and I would like to know, if it was the custom to treat externally and not internally?

Dr. H. M. Paine.—Both are employed.

Dr. H. D. Paine.—Then it is wrong to omit it in the report.

Dr. Wells.—I think it conveys an impression that we have no constitutional treatment.

Dr. Gray.—I would like to ask, what was applied in these cases?

Chair.—Hamamelis and hydrastis.

Dr. Gray.—I want to call attention to the endermic method of treating disease. I am accustomed to treat syphilis entirely by the skin. I think that method scientific which cures.

Dr. Seeger.—Dr. Helmuth had a case of an ulcer of sixteen years' standing, which he cured in three weeks, by "grafting," taking small particles of healthy skin and implanting them on the ulcer, where they grew.

Dr. J. F. Miller.—After the Westfield disaster, the New York papers, speaking of burns and scalds, stated, that if six inches square of dermic tissue were destroyed, the case would necessarily be fatal. Now, I think of one case, at least, more extensive, that recovered finely under the use of hamamelis and calendula.

Dr. Wells.—I think that shellac makes a good covering for burns. I know of a case, where a young lady was badly burned about the face and scalp. Shellac, dissolved in alcohol, was applied to the burned surface, with a common paint brush, and an early and rapid

recovery followed. The remedies given were aconite, belladonna, arsenicum and rhus tox, in succession.

Dr. Wm. Wright.—It was recently reported, in the newspapers, that some of our New York hospital surgeons had said, in reference to the Westfield disaster, that "a burn, covering over *six square inches* of surface, was almost certainly fatal." Now, whether this be an error of the reporter, "six inches square," instead of "six square inches" being intended, matters but little, for both are entirely erroneous, as every homœopathic physician knows. I was recently called, in consultation, to see a case, in a lad of two or three summers, where more than six times six square inches of the cuticle was destroyed by boiling water, and yet the boy recovered. The case occurred in Brooklyn (E. D.), under the care of my young friend, Dr. W. M. L. Fiske.

Dr. Coburn.—Many years ago, while carrying a camphene lamp, it broke, and I was badly burned on the hand, so that I picked the skin off with my other fingers, thinking that it was the wick of the broken lamp. I plunged my hand into alcohol, with immediate relief to the agonizing pain. When the alcohol began to sting a little, I took my hand out, and dressed with oil, and a rapid recovery followed. I think that it is the exclusion of the air, that relieves the pain.

Dr. Bowers.—I think stimulants are really homœopathic to burns. Cold water will palliate, but it does not cure. In Dr. Coburn's case, I think there was a genuine homœopathic cure. Burns are successfully treated with stimulants, as spirits turpentine and alcohol, by the old school. Wheat flour is sometimes used with good effect. It is generally at hand, and its application relieves the pain. Soap is homœopathic to burns, and besides having the advantage of being readily attainable, is perhaps our best remedy. The internal use of a homœopathic dilution of soap has been effectual, in some cases which did not admit of its local application. In the form of lather it may be applied to irregular surfaces where it would be difficult to keep most applications in constant contact. In the case of a little boy badly burned in the face and eyelids, I applied the soap with a shaving brush, repeating the application as fast as it dried, until the parts were completely coated with a plaster of soap. The patient was immediately relieved, and by continuing the application, recovered rapidly.

It makes a great difference in burns, often overlooked, whether the true skin is destroyed or not. If there be vesication merely, it will

generally soon dry up; but if the skin is destroyed, ulceration is inevitable, and the healing will be much more tedious.

Dr. Throop.—The universal practice of making applications that "exclude the air," is so successful, not *because* it "excludes the air," as because it *includes* the heat of the part and prevents its radiation or loss in the process of evaporation; thus the success of the practice depends upon its homœopathicity in applying warmth to cure the effects of heat. The pain of the milder burn is homœopathically cured by holding the part near the fire; a well known domestic practice. A gentleman who claims to have seen many cases of burns treated on the Mississippi river, says he considers linen lint superior to cotton wool as an additional application. On theory, this would seem incorrect. Have any of the members had experience on this point?

Dr. Munger.—Old ladies often direct persons who are burned to expose the burned part to the heat of the fire, "to draw out the fire" as they express it, and quite frequently this is known to afford relief. This is not my practice. Any dressing which will effectually protect the burned surface from the air is a good dressing, whether flour and molasses, soap, or varnish. Castile soap, as a dressing, is recommended in *Hill's Epitome*, and I have used it quite frequently.

Dr. Gray.—In Hahnemann's last article, in the *Organon*, he spoke of the use of alcohol and turpentine, in burns, as supporting homœopathic principles. He also speaks of causticum in the same place. Now, soap contains causticum, so that its action in burns is as old as Hahnemann.

Dr. Holden.—As to the use of lint, I can give a little experience. Before going into the army I had always used, and with much success, the old linimentum calcis. An artilleryman, who had been blown up by a caisson, was brought to me badly burned; I treated him with alum water incrustations covered with lint, and had a splendid result. I did not like to use cotton as I have an idea that cotton poisons a fresh wound.

I remember an interesting case of a man, sixty years old, cachectic and anasarcous. Hydrocele was very large, and held nearly three pints of water; the cysts were multilocular. He was tapped three or four times and no result toward a cure could be had. I gave him apium virus[2], and he immediately recovered.

Dr. Wm. Wright.—Some years since, while yet an allopathic physician, I was called upon to treat a case of erythema arising

from an operation for hydrocele. I was sent for quite late in the evening, at a considerable distance, and feeling too unwell to make a visit at that time of night, I determined to send a prescription and visit my patient in the morning. The case was represented as a very bad one, swelling very severe, and erysipelas extending over the entire scrotum and for several inches around it. Struck with the impression that superficial burns and recent erysipelas strongly resembled each other in many of their characteristic symptoms, and might be remedied by the same or a similar treatment, I put up a box of the linimentum calcis and directed its application for the night. On visiting my patient the next day I found that the progress of the disease had been entirely arrested, the urgency of the case allayed; and the continuance of the remedy for a few days longer, sufficed to work a complete and perfect cure.

Dr. T. Franklin Smith.—I was called about six weeks ago to see a young girl, who, two months previous to that time, had been very badly scalded on the left leg. There was, at the time I first saw her, a large ulcer about four inches long and two and a half inches wide, on the anterior aspect of the limb. Various kinds of ointments and salves had been used, but without any effect. I applied cloths smeared with cosmoline, to the entire raw surface, and gave one dose of sulphur^{2c}. I saw the patient three days after that, and a great change had taken place in the appearance of the ulcer; it looked much healthier, and granulation had commenced. In about ten days or two weeks, it had entirely healed. Cosmoline is a preparation of "earth oil," and is one of the best articles I ever used for cuts, burns or bruises.

Dr. Wright.—Does our success in the treatment of burns and scalds, in the first instance, depend upon any specific curative power which our remedies may possess? Or does it rather depend simply upon the prompt and perfect exclusion of the air from the injured surface? This is an important practical question, and should not be lost sight of in our treatment of such casualties if we would be instructed and profited by such facts as may fall under our observation. In judging of the merits of any particular drug or appliance in the treatment of diseases or casualties, I have always thought it well to ascertain, so far as may be, the principles, or *modus operandi* by which such drugs or appliances relieve or cure. Is it by virtue of its own inherent or specific medicinal power, or does it come from some property held in common with a hundred other drugs whose

pathogenesis are as dissimilar and discordant as well may be? In the discussions upon this prolific question of the "treatment of burns," we have had, as I fear we always shall have, until the question of the *modus operandi* of our medication is settled, a great variety of opinions. One gentleman, with great assurance, tells us that he always relies upon hot alcohol; another, with equal experience and confidence, says that he relies on wheat flour. A third tells us that the tincture of urtica urens never fails to give prompt relief in his hands; while a fourth finds common molasses, sweet oil, cotton batting, etc., always successful. Others think that common soap, creosote water, crocus sativus and a host of other remedies are all "good;" while others maintain that there is nothing equal to the old linimentum calcis in giving prompt and certain relief to all superficial burns and scalds.

Now, it is very evident that if burns and scalds may be successfully treated with such a great variety of discordant applications, it must be from the exhibition of some one property which all these various medicaments hold in common, and not from any specific virtue of allaying pain which any one may possess. The question then arises, what property, if any, do these several articles possess in common that can make them curative in burns? I know of no other than that of the unmedicinal power of excluding the air from the abraded or burned surface; and so I must conclude that it is to this property almost alone, that we are to credit the curative power of the various articles which have been so highly recommended by those who have spoken upon this question.

If such, then, be the only and legitimate deductions from what has been said upon this subject, what is the practical lesson to be derived therefrom? Evidently, that the prompt and entire seclusion of the air from all burned or scalded surfaces, by such means as may come most conveniently to our hands, should command our first consideration. And, though I greatly prefer the linimentum calcis, using olive instead of linseed oil in its preparation, I should not hesitate to use the flour, soap, molasses, oil, or any other of the several articles named, could I not obtain my favorite remedy. Of course, the secondary or suppurating stage would call for a change of treatment. Here calendula would probably be preferable to any other treatment, though I have seen the most happy results from a continuation of the lime liniment.

Dr. Underwood's paper, entitled "Iodoform," was read, accepted, and referred to the committee on publication.

Dr. E. D. Jones.—In addition to the uses which the paper makes of iodoform, it has the power of removing the pain from cancerous tumors, if applied to them. It may be used readiest in the form of a paste.

Dr. Calkins' paper, entitled "Suicide by Chloroform," was accepted, and referred to the committee on publication.

Dr. Bennett's paper, entitled "Scarlet Fever," was accepted, and referred to the committee on publication.

Dr. Hill's paper, entitled "Chorea," was read, accepted, and referred to the committee on publication.

Dr. Dowling.—Some years since, while treating an obstinate case of chorea, which had resisted the action of what I supposed the properly selected remedies, I heard from a brother physician that an infusion of wintergreen leaves had been effectual in his hands in curing this disease. I tried it with the most gratifying results. Improvement commenced immediately, and in a few weeks I had the pleasure of seeing my patient entirely restored to health. The mode of use was to steep an ounce of the leaves in a quart of water; administering a wineglassful of the infusion before each meal. I have since used the same remedy with equally gratifying results.

Dr. Bennett then read his paper, entitled "Clinical Notes and Characteristics," which was accepted, and referred to the committee on publication.

Dr. Hill's paper, entitled "The Importance and Manner of Studying the Materia Medica," was read, accepted, and referred to the committee on publication.

Dr. Throop related a case of procidentia uteri, and, on motion, he was requested to write it out more fully, for the next meeting.

Dr. Pearsall then read his paper, entitled "Scarlatina," which was also accepted, and referred to the committee on publication.

Dr. J. F. Miller.—I have had remarkable success in measles, with cuprum acet.^{2c}. My little daughter, six years of age, had, what I considered at first, a mild case of measles. The eruption did not come out as fully as it should have done, and did not disappear, but remained about stationary for several days. Pulse one hundred and twenty. She did not seem very sick during the day, and it was only at night that there appeared grave brain symptoms. In less than ten seconds after falling asleep, she would begin to talk, scold, turn, twist and

scream. On being aroused to give medicine, she would be perfectly rational. This continued for two nights, without intermission. She was not quiet three minutes the whole time. The eruption began to look purpleish. The tongue and mouth looked very red. The third night the symptoms seemed still more grave and violent. I sat by her bedside, studying the materia medica, and administering various remedies without any benefit, until twelve o'clock the third night, I gave one drop cuprum aceticum^{2c}. The effect was wonderful. She did not cry out again, but slept quietly until morning. She awoke very much better in every way, and a very rapid convalescence followed. I think the case would have developed hydrocephalous acutus had it not been nipped in the bud by the timely exhibition of the cuprum aceticum.

About one year after this, she seemed to grow thin, lose her appetite, and a similar restlessness at night developed itself. She was listless and irritable. This continued for ten days, when cuprum aceticum again afforded relief. During an epidemic of measles cuprum acet^{2c} was the only remedy that afforded prompt relief. Pulsatilla seemed to aggravate every case. There were scarcely any catarrhal symptoms; the brain symptoms seemed to predominate. The cuprum aceticum cured all the cases except one, which was characterized by a livid eruption, countenance almost black, tongue coated dark brown, sordes on the teeth, inability to protrude the tongue, etc. This case was relieved promptly by lachesis^{2c}. This epidemic was unusually severe. I gave cuprum acet. in all cases of measles in which brain symptoms were present.

Dr. Holden.—What were the characteristics?

Dr. Millar.—Delirium, hardly typhoid, and restlessness, especially at night.

Dr. Holden.—A little girl, six years old, suffering from measles, had great restlessness at night. A very severe case. I relieved the restlessness and measles, immediately, by the use of capsicum^{2c}. The brain symptoms were urgent, and the rash was well out; I had tried belladonna without effect.

Dr. Wells.—With those symptoms belladonna ought to have done some good; it has never failed me. After belladonna, apium virus^{30}, has afforded the most relief in my hands.

The following report of the New York Homœopathic College, by Dr. J. W. Dowling, was called for, read, accepted and referred:

"The college has, during the past year, been thoroughly reorganized

by the election of a new and competent faculty. The chair of surgery is now occupied by Prof. Helmuth, formerly of St. Louis, and during his administration our clinical teachings are all that could be desired.

Professors Dunham and Allen occupy the chair of materia medica. We feel that all the chairs are equally well filled. We have in connection with the New York Ophthalmic Hospital, commenced the erection of a new building for the joint occupancy of the two institutions. Entire confidence seems to exist in the present management of the institution; and judging from the number of letters from applicants that have been received, a class not far short of one hundred will be in attendance during the session of 1871. We trust matters will be so conducted that not only the alumni but the entire medical profession of New York, will justly be proud of their State Homœopathic Medical College."

The following statistics of the medical profession in the United States, by Dr. H. M. Paine, were then read:

Dr. Paine called attention to a statement, published by Dr. J. M. Toner, in the *Boston Medical and Surgical Journal*, in which the number of physicians in the United States is classified as follows:

Allopathic	39,070
Homœopathic	2,961
Hydropathic	133
Eclectic	2,860
Miscellaneous	4,774

This gives a ratio of 16.8 physicians to one homœopathic in the whole number, and 13.1 allopathic to one homœopathic. This also gives one allopathic to every thousand of the population, and one homœopathic to thirteen thousand.

There is evidently an error in these figures with regard to several portions of this country. In this State the ratio of homœopathic physicians to the population, as indicated by the recent census, is one to about 6,600. In Massachusetts, one to 5,500. In New Jersey, one to 5,600. In the cities of New York and Brooklyn, the relative number of the practitioners of the two rival systems is essentially the same as the foregoing, there being 1,553 allopathic and 224 homœopathic physicians. This gives one homœopathic to 6.3 allopathic physicians. The relative proportion of physicians to the inhabitants is one allopathic to 965, and one homœopathic to 5,737. It is probable that this proportion is nearly the same, or showing even a larger per centage of homœopathists, in all the Northern States.

The report furnished by Dr. Toner is based on information gathered by Dr. Van Aernam, late commissioner of pensions, last December. The doctor desired to ascertain the relative proportion of homœopathic to allopathic physicians in this country. He issued an order to the officers of the internal revenue department, requiring them to report the number of physicians who were to pay a license tax the following April. Early in January he obtained the results stated in the report by Dr. Toner. As this report was instituted by allopathic physicians and in the interests of the allopathic school, it is evident that the result is made to appear very favorable to their school, and damaging to the homœopathic; hence should be accepted with a great degree of allowance.

In the States already mentioned, viz., New York, Massachusetts and New Jersey, there are more than twice as many homœopathic physicians as are stated by Dr. Toner, being one to about 5,000 of the population. It is quite probable that this proportion maintains in other States, and that the relative number of homœopathic physicians is one of the former to at most five or six of the latter.

With regard to the relative representative status of the two schools they are nearly equal. Regarding the two national organizations, the homœopathic is the oldest and has the largest list of members. There are nearly as many homœopathic State, county and local societies in full tide of successful experiment, as there are allopathic. There is in this State a lunatic asylum, for the erection of which an appropriation of $150,000 has been made. We have also seven hospitals, twelve dispensaries and one lying-in asylum. In other States a large number of public institutions have been established, and it is fair to presume that our standing in this respect is rapidly approaching that heretofore claimed alone for the allopathic school.

It is also well, in this connection, to observe the ratio of increase of homœopathic to allopathic physicians, and the relative increase of each to that of the population during the past few years. In the city of Philadelphia, during a period of twenty-seven years, the number of homœopathic physicians has increased over seven-fold, while that of allopathic physicians has actually decreased ten per cent. During the same period the increase of population was three-fold.

In the city of Albany the membership of the Homœopathic Medical Society has increased during the past seven years two and a half times, while that of the Allopathic Society has been ten per cent.

The increase of population during the same period was eleven per cent.

In the city of Boston the increase of population during ten years past has been thirty-five per cent; the increase in the number of allopathic physicians during the same period, forty-seven per cent, and of homœopathic physicians one hundred per cent.

The increase of population in the State of Massachusetts during the past ten years has been sixteen per cent; the number of allopathic physicians during the same period, twenty-seven per cent, and of homœopathic physicians about sixty per cent, not inclusive of large numbers of allopathic physicians who retain their connection with allopathic medical societies while employing homœopathic remedies in practice to a greater or less extent.

There are constant accessions from the allopathic profession to the homœopathic, in nearly all parts of the State. Among the most noteworthy instances of recent occurrence, is that of the Dryden Springs Sanitary Home. For several years this institution has been under allopathic control, its patronage and pecuniary success meanwhile steadily increasing. In order to meet the popular demand and make the institution still more useful and acceptable to the public, it has been placed, within the past month, fully under the auspices of the homœopathic school.

In view of these facts and figures, and of large numbers of others of similar import, the signs of the premature decay of the homœopathic system are somewhat obscure, while the evidences of the waning prestige and influence of the allopathic school are abundant and conclusive.

Dr. Seeger offered the following resolution:

Resolved, That the paper of Dr. Paine be referred to a committee of three for completion, to report at next meeting.

Adopted, and Drs. H. M. Paine, Pratt and Jones appointed.

Dr. H. D. Paine offered the following resolution in reference to the case of Dr. T. Franklin Smith, which was adopted:

Resolved, That the officers of this Society be authorized to sign the application of Dr. T. Franklin Smith to the Commissioner of Pensions, for reappointment as examining surgeon for pensions, and represent to the commissioner that it is the request and desire of this Society, that Dr. Smith's petition should be granted, deeming it to be a simple act of justice.

Dr. King, of Wilton, exhibited a patent vagina injector.

Dr. Bennett.—I have had lately under treatment a severe case of hæmatemesis. The hemorrhage was very profuse, being of dark clotted blood. It stopped once then returned again, and the patient must have vomited three or four quarts of blood. Gave hamamelis, and the bleeding soon ceased, and did not return again, although the patient survived for three weeks after. There was a little bloody discharge from the bowels also.

Dr. Clements.—I recently prescribed for a case of dyspepsia, with irritation of the bronchial cells, without cough. The patient had been an invalid for eight years; not able to attend to business, although attended by a number of physicians of another school.

The patient was sixty years of age; symptoms were slight fever, red tongue, and thickly coated at the root, the coating being of a light color; nausea and vomiting all food, even of the lightest kind; expectoration of half a pint, every day, of muco-purulent secretion from the lungs without cough; faintness, extreme debility, constipation, relaxation and prolapsus of the rectum; stools slimy, hard, and evacuated with great difficulty. Gave carbolic acid, one to a hundred, and tincture of hydrastis, three times a day, in alternation, in doses of five drops each; taken for three months, cured this case.

Dr. H. M. Paine stated that he had been requested to announce that the institution known as the Dryden Springs Sanitary Home, at Dryden, Tompkins county, New York, would be placed more fully under homœopathic auspices. It was proposed to make it not only an institution for the treatment of diseases, such as required the advantages to be obtained only in a well appointed institution, but, also, a school for the more thorough training and education of nurses. A pic-nic was to be given to the friends of the institution on August 25th, to which the homœopathic profession were cordially invited.

The Society then adjourned until three P. M., for the purpose of accepting the invitation of the physicians of Saratoga, to a drive to the lake.

Afternoon Session.

The Society reassembled at three o'clock; was called to order by the vice-president, Dr. T. F. Smith, and after the transaction of unimportant business, accepted the invitation of the resident homœopathic physicians to a ride to Saratoga lake, and a sail down the lake in a small steamer. A large number of the members present, with their ladies, enjoyed this delightful excursion.

Evening Session.

The Society met again in the evening, at half-past seven.

Dr. A. W. Holden, of Glen's Falls, delivered an interesting and historical address, entitled, "The Follies and Fallacies of the Medical Profession."

The speaker opened with a reference to the tendency of the age to look with irreverence upon the father of medicine, and to ignore the history and importance of the art of medicine in the past. This was followed by an exhaustive resumé of the humbugs and delusions which have attended the development of medical science from the earliest ages. With a few hints at the intolerance and bigotry of rival schools of medicine, the lecturer closed with an apothesis of the healing art, and a pungent thrust at the gullible public for its readiness to patronize and support imposition and fraud, instead of giving a fair and honorable encouragement to intelligent, well educated and fair minded practitioners of the healing art, who reflect honor upon their profession.

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At the conclusion of the address, Dr. Seeger moved that the thanks of the Society be tendered to Dr. Holden for his able address.

The motion was adopted.

Dr. Wright offered the following resolution:

Resolved, That the pathogenetic power of a drug can only be determined by provings upon healthy human subjects; and to entitle such provings to the confidence of the profession, it is indispensably requisite that every report of such provings should be accompanied by a statement of the sex, age, state of health, and constitutional temperament of the provers.

Dr. H. M. Paine offered the following resolution:

Resolved, That we view with distrust, as liable to bring discredit and ridicule upon the medical profession, the provings of non-medical and inert substances, and hereby respectfully protest against the publication in the Transactions of the American Institute of Homœopathy, of a paper by Dr. Samuel Swan, presented and read at its late meeting held in the city of Philadelphia.

Dr. Wright, in support of his resolution, remarked substantially as follows: I should hardly have felt justified, Mr. President, in offering for the consideration of this Society, a resolution which I should myself be inclined to regard as more nearly allied to a truism than to the assertion of a debatable question, were it not for the growing evidences everywhere springing up around us that we have

those among us who do not seem to regard the "health or temperament" of our provers as a question of the least importance!

Not only do our periodicals furnish abundant evidences of this mortifying truth, but the resolution just read by the secretary gives additional testimony to this fact, and the more loudly calls for some expression of this Society in condemnation of the growing evil.

It was not long since that I was called, with others, to listen to an extended report of the provings of a certain drug, heretofore supposed to possess little or no medicinal virtue, where every listener was struck with astonishment that a drug so little thought of could possess such mighty powers, that even its higher attenuations were dangerous when administered in health! And yet, a little skillful examination and close questioning developed, what the prover had *intentionally* concealed, that the purported provings were made upon a miserable wreck of humanity, a fidgety old maid, who retained not a fibre of health in all her physical frame, and whose nervous system was wrought up to that state of supersusceptibility, by which she could sit all day long and tell of "aches and pains," the pure emanations of a morbid imagination, faster than an ordinary stenographer could write them out. And yet these morbid sensations of a disordered brain were given as "true and veritable provings of the drug." Do I express myself, then, too strongly when I say that all *such provings* are a shame and an imposition! and that he who shall attempt to palm off such stuff upon the world is not only guilty of practicing a gross fraud upon the profession, but is doing all he well can to bring disgrace and obloquy upon an entire system of practice! But there is another evil among our provers, against which in this connection, I wish to enter my most solemn protest! I refer to the waste of time and paper in "proving" and reporting in our medical journals, of so many inert and non-medical substances. "Skim milk" is sometimes pretty good; at least I have seen it so in the country; but in our large cities I think that even our unskimmed, to say nothing of our skimmed milk, will hardly be found to possess any very active pathogenetic powers beyond what the water, with which it is so largely diluted, contains.

And so I cannot but think that all attempts at proving such miserable compounds are a great waste of time, and evince much weakness and want of sense on the part of the provers.

No, gentlemen; let us be honest with ourselves; and not only honest, but let us exercise a little more of common sense. There are

numerous medical substances all around us, of known virtues in the cure of diseases, which have never yet been subjected to the homœopathic test of *proving;* while there are others, whose provings are exceedingly imperfect and unsatisfactory. How much better, then, to direct our investigation to the discovery and development of the medicinal powers of these, than to be wasting our energies and thoughts upon useless or repulsive agents. I hope, therefore, that the resolution which I have had the honor now to present, will receive the unanimous approval of every member present, that it may go forth to the world with the official sanction of this State Medical Society.

Dr. H. M. Paine, in support of his resolution, said: It requires great patience to put up with such consummate folly. The whole realm of the vegetable and mineral kingdoms is filled with medicinal substances of positive worth. Why not prove these instead of subjecting our whole school to the ridicule of all sensible people? Dr. Swan may be honest, but he certainly is laboring under a delusion when he offers us such provings. We cannot too earnestly deprecate the tendency of some persons to indulge in vagaries which bring reproach upon homœopathy and retard the progress of medical science.

After some further discussion, both resolutions were unanimously adopted.

Dr. H. M. Paine stated that at the last annual meeting of the Society, a delegation had been appointed to visit Washington, in connection with similar delegations appointed by other State medical societies, to procure the removal of the late Commissioner Van Aernam. The members of the delegation from this State had performed the duty assigned them, and through their efforts and those of the combined delegations, and through the influence of many personal friends, the threatened danger to our chosen method of practice had been averted, and the insult to and serious injury of the homœopathic system, intended by allopathists, had been successfully thrust aside. He thought it would appear proper that an expression of our gratitude to the national government, and of our appreciation of this signal act of justice, should be made. He would therefore move that a committee be appointed to prepare and present to the proper authorities a suitable testimonial at as early a day as practicable.

Drs. Wm. Wright, W. H. Watson and H. M. Paine were appointed such committee.

Dr. Seeger stated that the progress in the building of the Hahne-

mann hospital was such that the corner-stone of the institution would be laid in the course of a few weeks. He thought the event would be one of much interest to the homœopathic profession in this State, and would therefore move that a committee be selected with power to appoint delegates, consisting of, at least, two homœopathic physicians from each county, to participate in the ceremonies attending the occasion.

Drs. Seeger, H. M. Paine and Lawrence were appointed.

Dr. Paine called attention to the progress being made in the building of the new State Insane Asylum, at Middletown, Orange county.

More than fifty workmen are now engaged in laying the foundation. The corner-stone of this, the first homœopathic lunatic asylum in the world, will also soon be laid. He moved that the committee to appoint delegates to be present on the occasion of the laying of the corner-stone of the Hahnemann hospital, be authorized to appoint similar delegations to attend the ceremonies connected with the laying of the corner-stone of the insane asylum.

Dr. Lawrence, in seconding Dr. Paine's motion, stated that the homœopathic practitioners in Orange county were deeply interested in the success of this institution, and were disposed to render the enterprise all the encouragement and material aid in their power. He hoped that members of the profession from all parts of the State would be present on the occasion of laying the corner-stone of the asylum.

The motion was adopted.

The secretary presented and read letters he had received from the secretaries of medical societies of the States of New Jersey, Ohio and Pennsylvania.

A resolution thanking Drs. Pearsall, Clements and Allen for their hospitality, was offered and passed.

A resolution of thanks was passed to the Rev. Dr. King, and to the Young Men's Christian Association, for the use of their rooms.

The meeting was well attended, delegates being present from nearly all the southern, eastern and northern counties of the State. Nearly all the papers presented were read. The discussions which followed, extended over a wide range of practical subjects, communicating the results of varied experiences of the members present. The delightful ride to and excursion on the lake, contributed largely to the pleasure and interest of the occasion.

H. M. PAINE,
Recording Secretary.

III.

Annual Address before the Homœopathic Medical Society of the State of New York.

By ROBERT McMURRAY, M. D., of New York. February 14th, 1871.

Mr. President and Gentlemen.—During the months which have passed since our last meeting, some have been removed from this stage of existence to render an account of their stewardship, and those of us who still remain and are yet engaged in the active duties of life have advanced one more stage on our journey towards "the land of the hereafter."

Not only is this true, but while we have been steadily pacing down the western slope of life's rugged way, another company has been as rapidly ascending its eastern acclivity, animated by ardent hopes and generous impulses, and upheld by youthful strength and vigor; and to them we must yield our places, having our minds cheered by the hope that they may not only reach an eminence equal to that attained by their predecessors, but that they may prove themselves far more worthy of success than any of us who have trod the way before them.

Thus, the flight of time is always a subject of intense interest to every reflecting mind; not only on account of its power to destroy, but also because of its power to create and to bring to maturity the object it has created.

The flower which has accomplished the period of its existence and returned to the soil from which it sprung, has deposited, in that soil, a germ which has secured the production of another flower, similar to itself, which time and the elements will carry through the stages of growth, maturity and decay, through which its predecessor has already passed.

The stately oak rises with the lapse of time from the feeble twig, to the slender sapling, and stands the noble lord of the forest, till after ages have passed and it has scattered the germs of a multitude of its race, it bows its head and yields its body, to furnish nutriment for those who are rising around to fill the place its fall has left vacant. So, also, in the animal kingdom the same law of growth, maturity and

decline, with power of reproduction of succeeding members of the same species, obtains as in the vegetable.

But with man, a still more interesting element of reproductive power is brought into notice. The mental, or intellectual character, is man's great and important distinction among the works of creative power, and this characteristic is also subject to the same law of birth, growth and decay, and possesses, also, to an almost unlimited degree, the power of reproducing its like.

The young and growing intellect derives its ideas from persons and objects by whom he is surrounded; and if the youth is trained in the homes of vice and ignorance, the man will surely betray his origin; or, if reared amidst the educated, the virtuous and refined, a refined and elevated man will almost surely be the result, for that like produces like is as true of the mind as of any other agent in nature.

> "Look nature through, 'tis revolution all.
> All change; no death, day follows night; and night
> The dying day. Stars rise and set, and rise;
> Earth takes the example. See summer gay
> With her green chaplet, and ambrosial flowers,
> Droops into pallid autumn; winter gray,
> Horrid with frost, and turbulent with storm,
> Blows autumn and his golden fruits away,
> Then melts into the spring; soft spring with breath
> Favonian from warm chambers of the south,
> Recalls the first all to reflourish, fades
> As in a wheel, all sinks to reascend
> Emblems of man, who passes, not expires."

If, then, the mental and intellectual characteristics of the future generation is (as is evident from the most casual consideration of the subject) dependent in a very great degree on the influence of the present, it becomes our manifest duty to endeavor to ascertain what is required of us, as true philanthropists, and as promotors of the best interest of our race in general, and as conservators of the honor and usefulness of our profession in particular. In other words, how can we best meet the responsibilities and perform the duties imposed upon us in reference to the character of those who may succeed us in the medical profession, when we have finished our course, and have been called to rest from our labors?

To this, we would reply, that we should make use of every means in our power to secure the full and complete qualification of those who may succeed us, for all the duties and labors of the profession.

Among the most important means we can use for this purpose, is to endeavor to so elevate the scale of literary and scientific education required of the medical student, as to render it certain that no man can receive a medical diploma without having first passed through such a course of mental training as will enable him to hold a respectable position among the educated and scientific, by whom he may be surrounded.

The subject of the elevation of the standard of medical education is trite, and may seem to some threadbare, possibly, because the subject has suffered so much from mere outside friction. Much has been said and written on the subject with very little effect. The more's the pity. As was said in a meeting of one of our most important medical associations, "I have heard this subject discussed for thirty years, and all the while the standard has fallen rather than risen." Yet there is no subject more important than this which can occupy the minds of the profession. This fact was fully recognized by one who wrote some half a century ago. He says: "Physic requires more industry, pains and labor, and indeed more learning, a more extensive knowledge of the auxiliary sciences to carry it to perfection than any other profession." And again: "The truth is, as much skill and fortitude are required to carry a patient successfully through a severe disease, as are requisite for commanding a line of battle-ship in a naval engagement. Indeed, it is necessary for the first medical officer of the ship, if he would do his duty well, to be a man of superior talents, of a more enlarged mind and sounder judgment than the commander himself."

It will not be necessary to go into any formal argument to prove the importance of our subject. Every practitioner who has striven to conscientiously fulfill the duties of his profession towards those who have committed themselves to his care, has had his mind thoroughly impressed with a sense of his need of all the assistance he could possibly derive from the whole round of science and literature, both ancient and modern.

Such being the experience of all, it would seem to require but little argument to prove that a thorough scientific or classical education must be a very important item in the course of studies preparatory to the practice of medicine.

It is true that it is thought by some to be a waste of time and money for a young man to pursue a collegiate course, before commencing the study of medicine; and medical schools only ask for a

good English training, with perhaps a sufficient knowledge of Latin to enable him to read an ordinary prescription, or pronounce the nomenclature found in the books. Now, this may be all very well for that class of doctors whose highest ambition is to be able to extract a carious tooth or administer salts to patients whose robust frames bid defiance to both disease and doctor, and to whose mind the idea of making any material advance in the various departments of medicine or the collateral sciences would seem as visionary as a proposition to construct a railroad to the moon; but, for those who aspire to become what their diplomas style them, qualified teachers of medicine, all such narrow, contracted notions of the requisite scholastic acquirements must appear ridiculous in the extreme.

The charge of lack of thorough education is constantly heard against our profession, from those who would depreciate the estimation in which it is held by the community at large, and, sometimes, in sorrow, from those who honor its professors and desire its improvement. The charge is just.

Although we will find here and there in our profession, one whose scholarly attainments render him an ornament to any society, the great mass of medical men are very far below what they should be in point of general education, and immeasurably below the average, which prevails in the kindred, so called, learned professions.

Really, and in truth, the requirement of a good English education is often construed in the most liberal manner. We may often find men in the possession of diplomas, certifying to their full qualification to practice and teach medicine, for whom the construction of a grammatical English sentence would be a task far exceeding their utmost abilities. This fact you may prove to the entire satisfaction of any one by looking over the files of prescriptions to be found in any large drug store. I pass over any mistakes in the body of the prescription, which is supposed to be in Latin, and many doctors make no pretensions to a knowledge of that language, but look at the directions for administering the medicine, and you will find the charge fully substantiated. Now, I do not pretend to say that the fact of a young man's having spent three or four years in attendance at some college must necessarily make him a man of talents and genius, regardless of what nature has done for him. Men often mistake their calling and become misplaced in society. It is never worth while to try to make an Astley Cooper out of a boy whom nature designed only for carrying the hod, or a McCosh of one only intended

for a horse jockey. A good mechanic has often been spoiled in making a very poor doctor, or a very respectable farmer transformed into a very contemptible clergyman. Scotland's rustic bard has well expressed his opinion of this matter in his day. He says:

> "They gang in stirks and came out asses
> Plain truth to speak.
> And then they think to climb Parnassus
> By dint 'o Greek."

But there can be no manner of doubt that a person possessed of a reasonable amount of natural ability, must almost of necessity be greatly improved by the mental training he would receive in a thorough course of scientific and classical studies. I do not suppose that a knowledge of algebraic equations is necessary to enable us to calculate the exact amount of crude drug there is in a given dose of the two-hundredth attenuation, or, that we should be able by means of a geometrical problem, to demonstrate the precise shape and size of the primitive corpuscle, but I do suppose that if a man has been through a thorough course of mathematical or classical studies, he will have acquired such habits of careful observation and logical reasoning, as to result in conclusions far more reliable than most of those with which we are favored; and if all those who aspire to medical authorship had enjoyed such advantages, we should no longer be mortified by the appearance of published books, which are only monuments of professional ignorance, or a current literature which is a standing indictment for murder of the Queen's English.

Let us hear the opinion of one who knew what education meant. Says President Olin:

"The mind, like the body, has its infancy and its childhood, when its habits are unformed, and its energies feeble and imperfectly developed, and a plan of early education which aims at special and isolated objects is likely to mar the symmetry and disturb the harmonious proportions of its faculties, by giving to some an undue cultivation to the neglect or injury of the rest."

The pernicious tendency of professional studies, early commenced, and exclusively pursued, has long been acknowledged, and if the evil will not admit of an adequate remedy, it at least should not be aggravated by subjecting the flexible minds of youth to a depraving influence which proves too strong for the more hardy and unyielding powers of manhood.

What, then, is the principle that should guide us in choosing our

studies? Their tendency to enlarge, invigorate and discipline the mind. Their utility in relation to the business of life is an important but secondary and inferior consideration.

The mathematics combine, in a high degree, the various attributes which are desirable in academic studies, and they are eminently entitled to the place assigned them by common consent in every judicious system of liberal education. They strengthen the memory and improve the reasoning faculties. They habituate the mind to protracted and difficult efforts of attention and to the clear and lively perception of truth, and at the same time, furnish it with principles and facts of inestimable value in many of the departments of useful industry and philosophical research. They enrich the student with the highest rewards of application, education and science, mental improvement and useful knowledge.

The Grecian and Roman languages have for centuries shared with the mathematics an undisputed preëminence in the circle of liberal studies, and I can but consider as an evil omen the growing skepticism of the times in reference to their utility and importance. The antiquity of their claims upon our regard, makes them the more obnoxious to the prejudices of our practical and reforming age; yet some deference is justly due to the unanimous sentiments of former generations; and some hesitation may be reasonably indulged in at rejecting the lights which have cheered the human intellect in the darkest periods of its history, and guided it in the career of its most splendid achievements.

Throughout the whole progress of modern literature, from its dawn to its present state of maturity and comparative perfection, classical learning has been its safest guide and most liberal benefactor. With an unalterable constancy it has held forth its masterly performances and authoritative examples to human observation, to correct the eccentricities of genius, to restrain the aberrations of taste and to rebuke the waywardness of imagination and the extravagance of fashion. Its graceful specimens of eloquence and poetry, of style and sentiment, embody and exemplify the immutable laws of composition, and of the mind. They constitute an exceptional standard of good writing, above envy or controversy, which acts at once as the inspirer and the counselor of genius, the model and the test of excellence.

If these considerations are entitled to respect, we ought to pause before we consent to proscribe the classics, even in favor of other

studies which might be better adapted to some of the purposes of education. But those who would discard the ancient languages, propose no valuable substitute, and it may be safely concluded that none is likely to be found which an intelligent and experienced man would be willing to accept.

But classical learning must not be left to the support of this negative argument. Its strongest claim to occupy a conspicuous place in the circle of liberal studies is founded upon its admirable adaptation to the powers and wants of the youthful mind. The learned languages give useful employment to the intellectual faculties at a period when they are incompetent to more abstract and severe occupations. They call up the attention to such short and easy, but repeated efforts, as are best calculated to correct its wanderings and increase its energies. The mind is accustomed to analysis and comparison, and its powers of discrimination are improved by frequent exercises in declension, inflection, and derivation, and by the constant necessity that is imposed upon it of deciding between the claims of rival definitions. The memory is engaged in the performance of such tasks as are precisely fitted for its developments, and the judgment and other reasoning faculties find ample and invigorating employment in the application of grammatical rules and the investigation of philological principles.

Mental discipline, then, is the great central idea of education, and the chief and proper end of scholastic teaching. Knowledge, which is the fruit of study, does not constitute education or any part of it. The most comprehensive and critical acquaintance with philosophy, or mathematics, or languages, or history, or law or medicine, or of all these together, is not education, nor is it the object in quest of which the student visits a literary institution. A man may possess a good degree of knowledge in all these and many other branches, without being an educated man. Were the well trained scholar on the contrary, at the moment of his transition from academic shades into the active, wide world, to be smitten with the utter oblivion of all the knowledge obtained through the medium of books and experiments, and the oral teachings of professors, he might still bear away with him all that is fundamental and truly essential in education. He would carry with him a mind habituated to observe, to compare, to reason; the power of concentration, of fixed and continuous attention, and a lively and right perception of the beautiful, the pure and the true. These are the real constituents of intellectual education.

They are not knowledge, but elements of mental power far better than knowledge, and adapted to the acquisition and right use of all knowledge.

The scholar whom we have supposed to be suddenly bereft of all memory of his scholastic acquisitions, is no longer a learned, but he is still a well educated man, for he retains the mental discipline which result from close and systematic study.

But the modern languages are also well worthy of the attention of the medical student, and among these we would especially mention the French and German. These languages have for ages past been the vehicles through which the world has received a knowledge of the results of the experience and observations of some of the most splendid minds which have ever graced the medical profession. Languages enriched by the contributions of such men as Béclard, Bichat, Louis, Andral, Pereira, Hahnemann, Bœnninghausen, Grauvogl, and a host of others who might be mentioned, both dead and living, must surely be worthy of all the pains necessary to acquire a knowledge of them. It is true, we are favored with most admirable translations from both these languages, but then, the man who is enabled to read these works as they come from the pens of their authors, is independent of other's help, and misses the faults and imperfections almost always found in the translations of scientific works.

The department of education, however, which most specially claims our attention, as physicians, is that which refers to subjects strictly professional, and taught in our medical schools.

The customary mode of imparting instruction in our medical schools, would seem to be about as objectionable as it is possible to make it. Three years is all the time that is supposed to be necessary to enable a student to prepare himself for the duties of his profession. This is less time than was formerly thought necessary for a boy to learn a mechanical trade, and in this short space of time, the student of medicine is expected to render himself familiar with, at least, the rudiments of a sufficient number of arts and sciences, to thoroughly engage his attention for the remainder of his natural life. Now, when we simply name over some of the studies required, it must appear evident that no man, be he ever so brilliant intellectually, can accomplish so vast an undertaking within the time mentioned. To go profitably through with the full curriculum of studies required in any good medical school, ought to require at least four, or what would be better still, five years. This length of time could be very profitably

spent under the care of competent teachers, and at its expiration, the graduate would find himself launched on the stormy sea of professional life, quite as early as was conducive to his own comfort or the welfare of his patients.

A great proportion of the advantages that might be derived from the instructions in our medical schools are lost, on account of the faulty manner in which such instructions are imparted.

As far as my knowledge extends, there has never been any attempt made at classification of the students on the basis of their proficiency in their studies, or on any other for that matter. They all hear the same lectures, the first course students and the last course students, all hear the same lectures at each lecture term, and this not only from choice, but they are all required to take the tickets of all the professors at each term.* By this means the young student is compelled to pursue studies for which he is not yet prepared, and the older members of the class spend their time in listening to matters with which they, at least, ought to be perfectly familiar; and besides that, the chairs are so numerous, and the different lectures are so crowded together, that there is no time for reviewing the subjects spoken of, and the mind is liable to become overburdened, and the impression made by any one course be blurred and indistinct; and just on this account, the impossibility of retaining a clear recollection of the various subjects treated of in the various lectures of the day. I have seen young men become discouraged and almost despair of ever being able to get through the much dreaded examination day.

Now, can anything be more absurd than this system of teaching, if that may be dignified with the name of a system, which is entirely void of order or logical sequence? What would be thought of a teacher who would attempt to instruct his pupils in the higher mathematics before they had mastered the multiplication table, or set them to scanning the Odes of Horace before they could conjugate the verb amo? Or, if you please, how would it suit a young gentleman who is already deep in the mysteries of mental or moral philosophy, to spend a considerable portion of his time in reciting the alphabet? Of course, you would all say such a course would be utterly ridiculous and absurd, but if you will take the trouble to examine the matter, you will find that this is about a fair description of the way things are done in all our medical schools.

The time is come, gentlemen, when all this, and much more that

* The New York Homœopathic Medical College has since established a graded course.

is faulty, should be remedied. The time when it would do to graduate a student, simply because he has passed three years ostensibly in the pursuit of the study of medicine, has passed and gone, and the intelligence of the community requires that we should insist upon it that those who may be clothed with the honor, and intrusted with the responsibilities of a practitioner of medicine, should have faithfully employed all the advantages to which he may have access, to qualify himself in such a way as to merit the confidence he asks.

Now, in order that the demand made on the student, of proficiency and thoroughness in the different departments of his professional studies may be fair and just, it becomes our duty to see to it, that our institutions which invite him to their halls with the promise of affording him the means of instruction, should be so thoroughly furnished with all the facilities necessary to the accomplishing that object, as to leave him no cause of complaint of lack of efficiency.

It has been already said, and that very truly, that none of our colleges have as yet offered such advantages as would make them particularly attractive to earnest men in pursuit of a thorough and comprehensive medical education. Each of them has some professors of great excellence, in some one or more of its departments, but not one of them has, or ever has had, a full board of competent teachers. Not one of them has ever had the needed facilities for illustrating the various branches taught; none of them has ever derived from its students a sufficient income to enable it to do justice to itself or them, much less to do justice to the paramount interests of the profession.

It is a very just cause of regret, that the members of the homœopathic school have been so very ambitious of the honor of establishing colleges, as to cause the supply to far exceed the demand. We have homœopathic medical colleges scattered in various sections of the country. Some well located and some badly located, but all dragging out a precarious and comparatively unprofitable existence, with small classes, defective apparatus, and many inferior teachers. What a grand improvement it would be, if all the really first-class teachers (and we have a goodly number of them) could be united to form, say, two truly excellent schools, and have them located in our great cities, where the opportunities for clinical illustration and experience can be had in abundance.

The practice of medicine is an art, and can never be properly taught by precept alone. It is as necessary that the student should have the

benefit of practical experience, as for the young accountant to go through the different processes of book-keeping. Surgery proper, is purely mechanical, and as well might you attempt to make a house carpenter without handling tools or lumber, as to make a surgeon without the opportunity of witnessing and assisting at the various operations to be met with in surgical practice.

Hence, it becomes a matter of the first importance to a medical school, that it should be so located as to give its students the advantage of witnessing the effect of medical treatment as it is carried out in a hospital. Indeed, if our friends would concentrate their energies on the great task of establishing one extensive and thoroughly arranged hospital, where the homœopathic law of cure could be honestly and successfully applied to the treatment of disease, it would be but a short time before they would find themselves in possession of a homœopathic college, which would attract all the medical students who desired to acquire a thorough knowledge of our mode of practice.

What a glorious opportunity we would have esteemed it, if, when we were studying the principles of homœopathy, and endeavoring to reduce them to practice, we could have walked the wards of the hospital, with Flieschman, or listened to the clinical lectures which a Hering, a Williamson, a Curtis, a Hull, a Joslin, or a Gray could have given us; and, having known the worth of these privileges by the want of them, why can we not make a united effort to provide similar advantages to those who are looking forward to the time when they will need the same help?

The duration of the lecture term in all our schools is too short. Four months is all that is allowed for the purpose of going through with what would be sufficient work, if thoroughly accomplished, to occupy at least one year. Why we should be restricted to a time so wholly inadequate, it would seem difficult to say, especially when we consider the evils of the practice. In order to accomplish the delivery of a full course from all the chairs, it becomes necessary for the student to hear some six or eight lectures a day, which is more than he can possibly retain, and so digest, as to render profitable to himself. And, furthermore, our students are required to attend but two of these hurried, superficial and wholly unsatisfactory courses of lectures, before he can come up for his degree, which is often granted upon an examination quite as superficial and unsatisfactory, as the means of instruction with which he has been favored.

Now, why is it, that a medical college cannot be conducted on the same principles and in the same mode as other scientific institutions around us? Is there anything more dificult in teaching medicine than other sciences, or do they not need to be as thoroughly taught? Neither of those propositions will afford the solution of our question. Suppose we take a literary college for our model. We shall have two terms a year, of four months each, or one of seven or eight. Here is a sufficient time to go leisurely through with all the departments of a thorough course, and allow students time to study up what they have heard. When a young man applies for admission he must submit to an examination, to ascertain whether his preliminary training has been sufficient to entitle him to a place in one of the classes. Then the students are arranged in classes according to their advancement in their studies; and a young man cannot be advanced from one class to a higher, until he has undergone an examination in the studies he has been pursuing in the class from which he comes. The studies of each class also are distinct and separate, and the teachers are not the same; so that each class has its own course to pursue, and is not troubled to listen to matters in which it is not interested. Some such a system as this should certainly be adopted in our medical schools. There should be some arrangement of the students in classes, so that they may pursue the studies suited to their degree of advancement. Of these classes there should be at least three, perhaps four; and if we run over the different departments of study which the student is required to go through, it will be readily seen that there is no lack of employment for both professors and students, for a term of study, as long as it is likely to be made. In the list of studies we have anatomy in all its various branches, as descriptive, topographical, pathological, microscopical and comparative; chemistry, organic and inorganic; toxicology, physiology and histology, materia medica, pharmacy and botany, surgery in all its branches, institutes of medicine, practice of medicine, general and special pathology and diagnostics, obstetrics, gynæcology, the diseases of children, psychological medicine and medical jurisprudence; to all of which you may add clinical instructions in practice, surgery and obstetrics. Now, when you remember that each of these departments are generally or necessarily, divided into a number of sub-departments, we will find no difficulty in finding matter to occupy the whole time of teachers and taught, for four full lecture terms. That they can all be successfully taught in two lecture terms of four months each, will not be believed

by any reasonable man who takes the trouble to examine the matter, any more than it is possible to be supposed that they can be retained when heard at the rate of eight lectures a day. How these different subjects should be divided amongst the different lecture terms is matter which I will leave to the consideration of those who are more immediately engaged in the business of teaching; but there would appear to be no difficulty in so arranging them as to have them brought forward in such order and at such intervals of time as would allow the student to go steadily forward in the proper order of his studies. And then, as regards the manner in which instruction is imparted. The usual mode of dry, formal lecturing is but poorly calculated to impress the mind of the pupil in the most thorough manner, and is still less fitted to keep the teacher informed as to the rate of progress which is being made by his pupils. This whole matter would be greatly improved if, instead of what is generally understood by lecturing, these exercises should take more the form of recitations, in which the subject being preannounced, the class would expect to undergo a general and thorough catechising on the subject under consideration. This would furnish a motive for close study on the part of the student, in order that he may acquit himself creditably before the professor and his fellow students; and the professor would have the opportunity of correcting any erroneous impressions which may have been received, and also be enabled to keep himself thoroughly posted as to the progress made by each member of his class, and enabling him to know without extra trouble who are entitled to advancement, or fit for graduation, because each member has been under his eye during the whole term of his studies.

Such a course of instruction as has been imperfectly sketched, would afford the means of an education superior to any that can be acquired in any institution in our country, and leave no excuse for any of our young men going to France or Germany to perfect their professional qualifications, for want of facilities at home.

Now, what are the measures we have been pleading? Let us recapitulate. We ask, on the part of the student, that he should have had a good scientific or classical training, as a necessary preparation for commencing the study of medicine; that the length of time required for the study of medicine proper, should be at least four years, instead of three, as it is now; and that he should submit to a preliminary examination before entering as a pupil in any medical school. On the part of the schools, we ask, that instead of increas-

ing their number, all the really available talent should be concentrated in a few large and well appointed institutions, so located as to be easily furnished with the facilities for abundant clinical illustration and instruction. That instead of two lecture terms of four months each, we should have four, of some six or eight months each. Instead of asking the student to attend the lectures from all the chairs, each term, we would have them so classified, and the chairs so divided as to furnish to each class its own appropriate studies, and that a student should never be advanced from a lower to a higher class till he had borne a satisfactory examination in the studies he has already passed over, and that the character of the lectures be so modified as to afford the greatest possible amount of profit to the student.

Such changes in the requirements for a medical education have often been proposed before, and have been objected to because the length of time required and the expense incurred, were greater than many young men who study, can afford; and, also, that it would deprive many of our schools of their students and compel them to close their doors, and the advocates of our particular theory would thereby be diminished, etc., etc. What are all these, and any other objections which have ever been raised, when compared to the injury our cause has suffered by the support of honest, well meaning, but ignorant advocates? Have such objectors duly considered that most trite and threadbare of all truisms, the importance of education? Do they reflect upon that self-commending fact which is ever pushing itself into the notice of even the least observing men, that the human mind without literary training is feeble and undeveloped, and not adapted to elevated pursuits and enjoyments; that in all civilized countries a good education is an indispensable qualification for posts or professions of special influence and usefulness; that without intellectual training, a man is not fit for a legislator, or a judge, or a justice of the peace, an author, an editor, or a schoolmaster, a lawyer, a minister, a missionary, and how much less for a physician; that he would not be received as a clerk in a respectable counting-house, or sent to sea as a supercargo, or intrusted with a commission in the army or navy? and yet these men object because we insist that the men who ask the community to intrust their lives in their hands, should thoroughly qualify themselves for the duties they assume.

The early founders of our school who so nobly breasted the storms of opposition and abuse with which they were assailed, when they

labored in the great cause of establishing fact and observation on the ruins of hypothesis and assumption, were under the necessity of winning the confidence of the people at large, and the only way to do this was to give their closest attention to the science of therapeutics, and their numerous engagements at the bedside of their patients soon gave little time for the study of the other branches of their profession, so much so that their enemies were wont to assert that all a homœopathic physician needed was Jahr's manual and a box of little sugar pills.

But now homœopathy has reached a point in history where its principles no longer lack popular recognition and support, but an intelligent public having passed upon the merits of the system, and having adopted them as their own, are now prepared to inquire into the qualification of its practitioners, and public opinion demands a higher degree of excellence than most of them have attained. And, besides, after having been scorned and sneered at by those who call themselves the legitimate school of medicine, what a glorious vindication it would be, if that despised sect, which was everywhere spoken against, should inaugurate a system of medical education, which would surpass anything its enemies have ever attempted to accomplish, and bring about such a reformation as would compel the reluctant commendation of those who have ever looked forward to, and ardently hoped and labored for its downfall! Why can it not be so? Who will say it shall not?

Moreover, there is another motive to be stated, which should impel those who expect to become candidates for the degree of doctor of medicine—a title which should never be conferred on any one who had not honestly and faithfully earned it, and when so conferred should be a badge of distinction, recognized and allowed by all men—to carefully improve every means within their reach, a motive, whose importance far outweighs that of any other which can be urged on their consideration, and that is, their complete and thorough preparation for bearing the responsibilities and performing the duties which necessarily belong to the life of a physician.

There can be no necessity for me to talk to you of the duties and responsibilities incident to the life of the practitioners of medicine, yet allow me to stir up your minds by way of remembrance.

When a man accepts the title of doctor of medicine, he assumes the position of the friend, the adviser, and the helper of his fellow beings, in the time of their greatest need. He invites the confidence

of the community in his ability to advise how best to avoid suffering, and how to relieve it when present. He asks to be intrusted with the task of warding off the approach of death from ourselves, not only, but that we should confide to his care those who are more precious than life itself—even all our household gods.

He takes upon himself the terrible responsibility of standing beside the bed of suffering, and promising to afford all the assistance that human skill and labor can effect, toward relieving distress and prolonging life. And it is not to individuals alone, that these important relations are assumed by the physician. He is liable to be called upon in times of public calamity from pestilence, as during the prevalence of one of our great and fatal epidemics, to devise and carry out measures whereby the plague may be stayed and the public health restored. Often is he called to stand, like Moses of old, between the living and the dead, and, at the risk of his own life, strive to beat back the tide of mortality which is overwhelming and carrying away friends and neighbors around him. And even in times of general health and apparent safety, the physician is required to act as our picket-guard, and watch every corner and loop-hole by which the enemy may be able to make his approach, and see that every covert, which might afford him a lodgment, be destroyed, and every appearance of danger effectually stamped out.

In our courts of justice, also, the services of the physician are often brought into requisition. As an expert in the deep mysteries of psychological medicine, upon the verdict which he shall render, may depend the answer to the question, whether a fellow being shall be allowed the control of his own actions, in the enjoyment of that liberty which is the common inheritance of us all, or be shut up in an asylum, as unfit to go at large and associate with his fellow men; or whether the prisoner at the bar is a responsible man and should suffer the consequences of his actions, or a blighted, pitiable creature, deserving of the care and benevolence of his fellow men, by whom he is surrounded.

In short, from the moment of our entrance into this breathing world, in every stage of our existence here, under all manner of circumstances by which we may be surrounded, we are liable to need the services of the physician. The king on his throne, the millionaire in his palace, the rustic in his cottage, and the beggar in his hovel, the old man in his decrepitude, the young man in his vigor and the infant in his helplessness, are all liable to the inroads of disease

and suffering, and so have an undeniable claim on his fidelity and skill. And when at last we have reached the closing scene, when our eyes are taking their last look on all that belongs to earth, the faithful physician must stand by the bed of death and by every means known to his art, smooth the way through the dark valley. Here we might suppose his mission ended; but this is not always so, for he may be called upon to determine by means of post-mortem dissection, how and why his subject died, whether his death resulted from unavoidable natural causes, or from criminal violence, often, by this means, relieving the innocent from unjust suspicion, or assisting to bring the guilty to merited punishment.

Now, gentlemen, have we not in this picture, all imperfect as it is, an ample apology for having occupied your attention for such a length of time, or is it overdrawn? Have we been trying to invest this subject with an importance to which it is not entitled? The experience of every physician present would give the answer. The half has not been told.

Then, what studies too severe, what time too long, to be spent in preparation for responsibilities so overwhelming? What sacrifice too precious to be laid on an altar so sacred? Think of the tremendous stake for which we play! Life—*human* life, is the prize we seek. The man unlearned in finance may venture on the mart where wealth is won or lost, industry and economy will soon replace a fortune squandered, and gold at best is only shining dust. Let ignorance, if need be, make laws to guide the commonwealth. Wiser statesmen can amend the faulty statute. But our work knows no revision. The golden bowl once shattered, no hand, though ne'er so cunning can reunite the severed fragments. No human skill can ever succeed in winning back the immortal spirit flown.

IV.

Address before the Semi-annual Meeting of the Homœopathic Medical Society of the State of New York.

By A. W. HOLDEN, M. D., of Glen's Falls.

We, who have sat at the feet of gray haired Gamaliels, and are living amidst the intellectual profundity, the garnered and frosted wisdom of the ages, among the last and long looked for decades of the nineteenth century, when the scythe of Time, wreathed with the evergreen, clinging vines of prophecy, mows swiftly down the broad vale of years, gathering in the great harvests of truth, and, as we flatter ourselves, destroying the false tares and hollow weeds of untruth, imposition and deception, we, are over-fond of talking about the universal spread of intelligence, the broadcast diffusion of knowledge, the advancing amenities of social intercourse, the steady onward march of human progress, the triumph of human rights over human wrongs and the general uplift of humanity from the debasing ignorance and depraving superstitions which have somehow come down to us from the dim, far-off past. Pluming ourselves upon the superior mental culture and keen intellects, tempered like a Damascus blade, ground to a sharp and subtle edge by the hard, practical wisdom which Yankee ingenuity and New England thrift brings everywhere to bear; we are too apt to tickle each others elbows and resolve ourselves into mutual admiration societies, voting the mighty sages and seers, the colossal minds and geniuses of past generations old fogies, slow coaches, sloppy old potterers in the pathways of knowledge, whose moss-covered precepts are crystallized, whose revered learning has long ago fossilized in the drift-period of creation. Such intolerable conceit should take its bell and bauble and play court fool for the delectation of King Buncomb, crowned with self-imposed laurels on some fourth of July rostrum.

It is said that there is scarcely a development of modern chemistry but what was familiar to Friar Bacon and the alchemists of his day, while many of the brilliant and practical discoveries of those times may now be recorded as among the lost arts. The entire evening might, perhaps, be profitably occupied with a relation of current

superstitions in vogue, the narration of some of which "would make each particular hair to stand on end like the quills of the fretful porcupine." Thus, to spill salt at the table is an evil augury of quarrel with a friend. This finds its counterpart and possible origin in Arabia, where once to taste salt at a man's table is a safeguard to life and property; a custom dating back of the days of Mahomet. To cure warts, a piece of pork waved three times around the head and deposited in the cavity of a decayed stump, is sure to carry away the offending and thickened cuticle; a custom savoring of witchcraft. I presume that many here present have at some period of their lives looked over the right shoulder at the new moon, for luck and good fortune for the coming month. Few, however, were conscious that it was a heathen superstition, the fragment of a druidical rite which, surviving fifteen centuries of Christianity, dates back to the ages of Saxon barbarism and the pagan mysteries of Stonehenge.

Many a little girl who chants with childlike simplicity the meaningless jingle of "intry imintry," etc., little appreciates the fact that she is repeating a gipsy formulary which spans the centuries and carries us back to the sanguinary sacrifices and frightful ceremonials of Isis and Osiris, the gods whom the Pharaohs worshipped, and of that bloody priesthood in whose incarnadined literature Moses, the prophet and leader of Israel, was educated.

Nearly every little boy grows up in the belief that to kill a toad entails his warts as a dying legacy, without the formula of probate or the application of the everlasting revenue stamp.

Three centuries ago another notion prevailed concerning the toad, which even now has scarcely died out from the common belief. Defoe describes the fiction in the following words: "The learned tell us that a stone taken from out the head of a toad is a good antidote against poison."

Shakspeare makes the following elegant reference to it:

> "Sweet are the uses of adversity,
> Which, like the toad, ugly and venomous,
> Wears yet a precious jewel in his head,
> And this our life, exempt from public haunt,
> Finds tongues in trees, books in the running brooks,
> Sermons in stones, and good in every thing."

But

> * * * * * "To relate all
> The monstrous unbaptised phantazies,
> Imaginations fearfully absurd,
> Hobgoblin rites and moonstruck reveries,

Distracted creeds and visionary dreams,
More bodiless and hideously misshapen
Than ever fancy at the noon of night,
Playing at will, framed in the madman's brain,
Would bring my word in doubt and your belief
Stagger * * * within the pale of truth
Where falsehood never came."

The history of medicine is a chronicle of mistakes and blunders; a record of experiments and failures, to which science has only capriciously lent its light, around which alchemy and astrology have thrown their glamour and mystery.

The large body of medical practitioners are slow to receive new doctrines, or adopt and adapt to practical uses, scientific discoveries, and the result of analytical research and investigation. This was so true in his day that Sydenham, the father of English medicine; the Hippocrates, as he has been called, of the British Isles, declared that the usual pomp of medicine exhibited over dying patients, is like the garlands of a beast at the sacrifice. On the other hand, it is safe to say, that public opinion is frequently in advance of medical theory, which, like an antiquated coach, comes rumbling along in the distance, behind the lightning express train of modern discovery. In verification of this assertion, I will cite a few instances already patent to the world, on the pages of history.

Ambrose Paré, surgeon to Francis I, and one of the most intelligent practitioners of his age, first introduced the practice of ligating the arteries, instead of using melted pitch or searing the divided artery with a hot iron, as his predecessors had done. He not only met opposition to this innovation, but his efforts to mitigate the sufferings and pain of human beings were met and rewarded with sneers, derision and obloquy. William Harvey, the alleged but not actual discoverer of the circulation of the blood, was persecuted for his opinions until the day of his death. Not one physician, who, at the time of this valuable discovery, was forty years old, ever espoused its belief; and for a long series of years, medical students, before they could obtain their diplomas, were obliged to swear to their disbelief in this medical heresy. Jenner's discovery of the great remedial agent of vaccination, was opposed by the whole medical faculty, with the same tenacious bigotry, blind animosity and unreasoning antipathy, which characterize its actions in the present time, in its opposition to homœopathy; and while efforts were made to rob him of his honors, it was not till after his theory had received the general

indorsement of public opinion, and the approval and patronage of royalty itself, that even a partial recognition of his invaluable services was reluctantly rendered to Jenner, by the medical schools of his country.

The fate of Galileo, the most eminent physician of his age, is an evidence that the paths of science and literature are not always thornless or flowery. "We sometimes fancy that in the age in which Galileo vainly tried to persuade the Paduan professors to look through his telescope, which revealed the moons of Jupiter, has passed; but judging from facts which are daily passing before our eyes, it is by no means certain that our learned savans who engineer the stately machinery of modern medicine would be either more courteous or liberal." While charlatans and impostors have done much to bring disrespect upon the profession, the world is still largely indebted to it, for its ripest scholarship, its most erudite acquirements, its leading scientific discoveries, the culture and conservation of its choicest literature, the elaboration of human thoughts and the championship of human rights. The annals of medicine abound with the names of men whom the world has been eager to honor, and whose names are inscribed in resplendent and imperishable glory, on the fore-front of the temple of fame. Among these deathless names may be enumerated those of Hippocrates, Dioscorides, the elder Pliny, Aristotle, Pythagoras, Galen, Sydenham, Cullen, Darwin, Descartes, Spallanzani, Hahnemann, Linnæus, Liebig, and of our own country, the patriot Warren, the explorer Kane, the poet Holmes, the naturalist Agassiz; and of our own school, the erudite Gray, and the gifted Dunham. From the earliest times, medicine, like religion, has been divided into sects and schools as hostile and inimical to each other, as opinionated and dogmatical in the declaration of their doctrines as any of the religious denominations of the same age. Thus we read of the Galenists and Paracelsians, the empirical and the rational schools. At these, Butler makes the following fling:

* * * * * * * * * "physicians,
Philosophers, mathematicians,
The Galenists and Paracelsian,
Condemn the wares each other deals in,
Anatomists dissect and mangle
To cut themselves out work to wrangle."

After these, come the alchemists and astrologers, the humoralists, the vitalists and the solidists, the followers of Bœrhave, and the dis-

ciples of Von Helmont, the pupils of Stahl, and the Broussaists, of whom Bartlett, in his treatise on the fevers of the United States, takes occasion to remark: "In looking back, now, upon the career and achievements of Broussais, it is astonishing to see with what meek alacrity our science put on and wore the yoke which he fitted to her neck."

In regard to the humoral theory, Herodotus, the father of history, records the following neat little remedy. Speaking of the Lybian shepherds, he says: "As soon as their children arrive at the age of four years, they burn the veins, either of the top of the skull, or of the temple, with uncleansed wool. They are of opinion that by this process all watery humors are prevented. To this they impute the excellent health which they enjoy."

"According to Hippocrates, the Scythians apply fire to their shoulders, arms and stomachs, on account of the humid and relaxed state of their bodies; this operation dries up the excess of moisture about the joints and renders them more free and active."

To-day, setting apart that large class of practitioners who travel safely, if not brilliantly, along in the ruts created by their grandfathers, the schools of medicine are divided among the various theories known as the chemical, the purely botanical, the motorpathic, which under the title of gymnastic medicine, was introduced to the world by Herodicus of Greece, anterior to the days of Hippocrates. Then, we have the dermatic and the eliminative methods of treatment; the chrono-thermal, antiphlogistic and expectant theories; to which may be added, electropathy, hydropathy, animal magnetism, Thomsonianism, Indian therapise, allopathy, and, finally, that master-key of medicine, homœopathy.

In his therapeutical review, the distinguished author, Headland, remarks: "It must be confessed, that in the understanding of the action of medicines, and of their agency in the cure of diseases, we do not so much excel our ancestors. While other sciences are moving, and other inquiries progressing fast, this subject, so momentous in its applications, has, in spite of the earnest labors of a few talented investigators, made, after all, but little progress." Dutens says: "It is remarkable, with regard to medicine, that none of the sciences sooner arrived at perfection; for, in the space of two thousand years, elapsed since the time of Hippocrates, there has scarcely been added a new aphorism to those of that great man, notwithstanding all the care and application of so many ingenious men as have since studied that science.

Pereira, it is alleged, said, on his death bed, that he was a wise man who should discard all medicines, and leave the business of curing to nature alone.

Professor Oliver Wendell Holmes once startled the medical public by asserting, that leaving out opium, certain specifics, wine and anæsthetics, "if the whole materia medica, as now used, could be sunk to the bottom of the sea, it would be all the better for mankind and all the worse for the fishes."

The following apologue, says the great D'Alembert, related by a physician, a man of wit and philosophy, represents very well, the state of the science: "Nature is fighting with disease, a blind man, that is, a physician, comes to settle the difference. He first tries to make peace; when he cannot accomplish this, he lifts his club and strikes at random. If he strikes the disease he kills the disease; if he strikes nature he kills nature."

The illustrious Magendie experimented after this fashion. To a certain number of patients, he gave the medicine usually prescribed by the faculty, and to an equal number laboring under the same diseases, bread pills and colored water. He has left it on record, in a lecture which has been republished in this country, that the sick who swallowed nothing but the pellets of bread and the water, improved much more rapidly than those who were dosed according to the rules. Dr. James Rush, in one of his lectures before the University of Pennsylvania, said: "I am insensibly led to make an apology for the instability of the theories and methods of practice of physic. Those physicians generally become most eminent, who soonest emancipate themselves from the tyranny of the schools of physic. Our want of success is owing to the following causes: 1st. *Our ignorance of the disease.* 2d. *Our ignorance of a suitable remedy.* What mischiefs have we not done, under the belief of false facts and false theories? We have assisted in multiplying diseases; we have done more, we have increased their fatality."

The Indians of Oregon believe that when they are sick, a little devil, about as large as their thumb, has entered into them, and makes his dwelling-place in the afflicted part; the only remedy they use on such occasions, are purely sanitive, being fasting accompanied with prayers and songs to the good deity. This custom commends itself for its simplicity, and might be substituted with palpable advantage, in lieu of the stereotyped formulæ of simply routine practitioners of any school of medicine.

We have seen the reluctance with which new truths and discoveries have been received by the profession; we will now proceed to call attention to some of the delusions and phantasies, the fallacies and impositions which have attained wide acceptance as truths, both within and without the pale of medical science. The ancient Romans resorted, when sick, to the Almo, a small tributary of the Tiber, and bathed for their ailments. It was in this stream that their priests, about the time of the vernal equinox, resorted for the purpose of washing the image of the goddess Cybele and the sacred implements of her altar. The sanctity and healing properties of the waters were supposed to be thus derived. In the early ages of Christianity, and stretching over a territory which included Abyssinnia on the east and the Germanic confederation on the west, prevailed the strange belief that people and animals passing through the fire on the festival of St. John the Baptist, are protected by this lustration for the space of a year, from attacks of fever or any other disease. Soon after the mortality of the great plague of the fourteenth century, there sprang up, almost simultaneously, throughout the central and southern portions of Europe, a mania or epidemic, variously known as the St. John's dance, St. Vitus' dance, the dancing plague, tarantism, and tigretier. It is not my purpose here to describe the disease or its characteristics. Suffice it to say that the epidemic spread like wildfire through all the populous cities; thousands became infected with the madness, very many of whom became hopelessly insane or perpetual imbeciles. The only remedy found for this strange malady, which only finds a feeble counterpart in the St. Vitus' dance of today, was music; and nobility and priesthood, tender childhood and delicately nurtured ladies, alike, were obliged to submit to the influences of a special type of music distinguished by the name of tarantella, before they could hope for relief from the fearful visitation.

Luther, the great reformer, has handed down, in his writings, the following delicate little prescription: "If you run a stick through three toads, and after having dried them in the sun, apply them to any pestilent tumor, they will draw out all the poison, and the malady will disappear."

During the reign of Edward the Confessor originated the custom of procuring the royal touch for the cure of scrofula; a practice which obtained and was perpetuated through a long line of rulers down to the days of George I. Since that period, the observance of this custom has been discontinued. So coveted was the remedy and

so prevalent the belief in its efficacy, that King Charles II, of merry memory, effected many remarkable cures, and touched over one hundred thousand persons, for this malady, in the course of twelve years; a most extensive if not remunerative practice. Among the curious whims, which had their origin no doubt from the Rosicrucian mysteries of the middle ages, was the strange doctrine known as the signatures of plants. It was believed that the beneficent ruler of all the earth had given certain natural indices, or exponents, remedial agents, and that the shape, form, or other characteristics of plants would serve as a sufficient guide for their selection in the management of disease.

Thus, liverwort, from the shape of its leaf, was considered a proper remedy for liver complaint; and lungwort, by a parity of reasoning, for diseases of the lungs. Butler, in his Hudibras, makes the following allusion to this theory:

"Bewitch hermetic men to run
Stark staring mad with manicon,
Believe mechanic virtuosi,
Can raise 'em mountains in Potosi,
And sillier than the antic fools,
Take treasure for a heap of coals.
Seek out for plants with signatures,
To quack of universal cures.
* * * * *
To draw in fools, whose natural itches,
Incline perpetually to witches."

About the year 1741, the famous Bishop Berkley issued a treatise on the therapeutical properties of tar-water; in which he maintained, that it was a speedy and certain cure for impurities of the blood, coughs, pleurisy, asthma, bronchitis, erysipelas, dyspepsia, hysterics, dropsy, a preventative of small-pox, and efficacious in fevers and gout. This panacea, thus introduced to the attention of the medical world, by a man whose learning and amiability, gifts and accomplishments, had already placed him in a position of proud pre-eminence, at once received a prompt indorsement from the faculty, and for ten years or more, tar-water was the leading remedy of Britain; eulogized by poets and puffed in fulsome panegyrics by men of learning and ability. One of the most remarkable, and, withal, successful impositions that ever made its way to the hearts and purses of a credulous and good natured public, was the celebrated metallic tractors. As might have been surmised, they were the invention of a Connecticut physician, who, if he did not amass a fortune out of the

enterprise, must have been wanting in some of the elements of thrift which are proverbially characteristic of the people of that remarkable little State.

These implements consisted of two pieces of metal, one supposed to be of steel and the other of brass, about three inches in length, cone shaped, and tapering to a point. They were believed to act medicinally by the excitation of galvanic currents. Two years after the first introduction of the tractors named, in 1798, they were in use and favor in every country in Europe; and, in 1800, a Perkinian institution was established in London, which numbered among its members, friends and patrons, many of the nobility, the *literati*, and clergy of England. Here, under the support of lavishly contributed funds, the poor were gratuitously treated; and, in 1802, the number of recorded cures reached the incredible amount of five thousand; while reams of certificates from the ranks of the learned and wealthy attested the wonderful medicinal properties of these implements, which were manufactured at the cheap rate of one shilling a pair, and found ready sale for the modest sum of five guineas. In reference to these, Lord Byron has the following, in his keen-edged satire, "English Bards and Scotch Reviewers:"

> "Nought beneath the sun
> Is new, yet, still from change to change we run;
> What varied wonders tempt us as they pass;
> The cow-pox, tractors, galvanism and gas,
> In turn appear to make the vulgar stare."

This allusion to gas in these times has reference to a furor for pneumatic medicine, introduced by a scientific enthusiast, named Beddoes, who held that by the inhalation of gases and medicated vapors, nearly all the diseases to which human flesh is heir, might be alleviated, if not cured. To this theory, long lists of converts were made, and catalogues of cures of formidable complaints were published by the score. From that day to the present, every few years has witnessed a revival of these pneumatic theories, with more or less of pretension to cure, and more or less show of scientific skill in the application of the means.

In the year 1806, the Legislature of the great state of New York, paid out, in the interests of humanity, one thousand dollars for a recipe to cure hydrophobia. It was as follows: "Of the jaw-bone of a dog, burned and pulverized, one ounce, the false tongue of a very young colt, dried and pulverized, and one scruple of verdigris raised on the surface of an old copper of the reign of Queen

Anne." Our legislators of the present day are too wise to fool away the people's money on such trumpery as this; they put the money in their own pockets. Fifty years before, one Joanna Stephens, in England, possessed a recipe whose cures were so wonderful that she was urged to make it public, which she finally agreed to do, for the sum of five thousand pounds, equal to twenty-five thousand dollars, and at that time one dollar was worth more than three are to-day. To raise this amount, subscriptions were solicited and obtained as follows, viz.: The Bishop of Oxford, ten pounds and ten shillings; the Bishop of Gloucester, ten pounds and ten shillings; the Earl of Pembroke, fifty pounds; the Countess of Deloraine, five pounds and five shillings; Lady Betty Germaine, twenty-one pounds; the Earl of Clarendon, twenty-five pounds; the Earl of Godolphin, one hundred pounds; the Viscount Lonsdale, fifty-two pounds and ten shillings; the Duchess of Portland, twenty-one pounds; General Churchill, ten pounds and ten shillings. Finding the amount could not be made out in this way, a petition was sent to Parliament, and five thousand pounds were appropriated by that august body, for the wonderful secret, which, after becoming the property of the British nation, was made public. The remedies were three in number, consisting of a powder, a decoction and pills. The powder consisted of egg shells and snails, both calcined and triturated together. The decoction consisted of chamomile flowers, fennel, parsley, burdock, swine's cresses burned to blackness, soap and honey, all steeped together in water. The pills were manufactured from calcined snails, wild carrot seed, burdock seed, ashen-keys, hips and haws, all burned to blackness, and mixed with soap and honey. The rulers of that commonwealth were fortunate enough to secure these delectable compounds in time to console themselves therewith, for the loss of the colonies on this side the water. Whether the remedies proved an adequate anodyne for their chagrin, history fails to state.

Allusion has already been made to the mysteries of the days of alchemy. These were the dark ages of the world, when knight and noble spurned the gentle arts, and made their sign manual with the lance, sword, and the battle-ax. Clerkly learning was looked upon with contempt, and confined chiefly to ecclesiastics, monks and a few half-crazed enthusiasts, who, groping amid the rudiments, and yet misshapen groundwork of science, mixed alchemy, and astrology necromancy and medicine in one strange jumble of instrumentalities

to heal the sick. In these days, the art of surgery was chiefly confined to the barbers, who, to their avocations of wig making and hair dressing (shaving being a modern invention and innovation), added the more frequently called for duties of leech, in blood letting and tooth drawing. As every pursuit was then distinguished by its coat-of-arms, or heraldic insignia, so the barbers were awarded theirs, and the same blazonry is perpetuated to-day, in the red, white and black stripes and checks of the barber's pole, and the similar but more brilliant colors and tints of the apothecaries' show window. These were the days in which current credence was given to the fanciful tale of travelers, and navies were fitted out to search for the fabled island of Atlantis, or the mythical realm of St. Brandon, where the old might be rejuvenated, and amidst whose peaceful vales and perrennial verdure, sorrow and sickness, want and death were unknown. And when, soon afterward, discovery had added another world to the possessions of Spain, and set a coronet of enduring fame on the brow of the adventurous Colon, there came oscillating along the tropic breezes, strange, weird tales of a spring, whose lucent waters would impart the long sought gift of eternal youth; and so new caravels were fitted out, and gold-quest wavered for a moment from its glittering pursuits. The mountains of Cibao, and the wilderness jungle of Hispaniola, were alike fruitlessly searched for the miraculous fountain. At length the rumor came, that far to the north, lay the object of their search, and so Ponce de Leon, with a band of hardy followers, sought among the tangled everglades of Florida, for that terrestrial paradise, and those sacred waters, whose exhilerating draughts and renovating lavations should compensate him for all his pains, but instead, he found alas, what he might have got with half the trouble, from a Spanish doctor, one of the sangradoes of those days, namely, his death. Another belief of those days, and in the pursuit of which many chemical truths were first unfolded and given to the world, was the possibility of discovering a compound, which, known as the *Elixer Vitæ* should possess the power of restoring health, prolonging life indefinitely, and even raising the dead. Indeed it was darkly hinted, that the magian philosophy, handed down from the days of Zoroaster, through a succession of magicians to Merlin, and thence to Michael Scott, already possessed the dark secret of this philtre, and that sorcery, witchcraft and necromancy, conspired to give their occult powers to its fearful distillation. Rare Ben. Johnson thus alludes to the compound, in his comedy of "The Alchemist."

"I assure you,
He that has once the flower of the sun,
The perfect ruby, which we call elixir,
Not only can do that, but, by its virtue,
Can confer honor, love, respect, long life,
Give safety, valor, yea, and victory,
To whom he will. In eight and twenty days
I'll make an old man of four-score a child,
Restore his years, renew him like an eagle;
Past all the doses of the drugging doctors.
I'll undertake withal to fight the plague
Out of the kingdom in three months."

Akin to this, was the doctrine of love philtres and potions, regarding which we have the following mention by the great dramatist, in the first part of King Henry the IV.

"If the rascal have not given me medicine to make me love him, I'll be hanged."

Another extraordinary credulity of those days, was the belief in the philosopher's stone. From crowned head and jeweled baron, to humble serf and lowly peasant, the faith was universal, not only as to the possibilities, but the probabilities of the discovery of some subtly compounded magisterium, which should, like the touch of the fabled Midas, possess the power of transmuting all the grosser metals to gold. Nay, more, it was believed to possess the power of preventing sickness, restoring health, promoting longevity, and securing perpetual immunity from suffering and pain. In allusion to this belief and superstition, Butler, in his Hudibras, says:

"Sir Agrippa was no conjuror,
Nor Paracelsus, no, nor Behman;
Nor was the dog a caco-demon.
What they pretend to, is no more
Than Trismegistus did before,
Pythagoras, old Zoroaster,
And Appollonius, their master.
To whom they do confess they owe
All that they do and all they know."

And yet, this philosophical vagary, wild as it was, has its counterpart in the present day; for, among the learned, it is credited, that the period is not far distant, when, within the crucible of the chemist, will be developed a synthetic as well as analytical power, and from the freshly-kindled Promethean fires, beneath the plastic hands of science and art, a new genesis shall spring, assimilating the elements, and producing the rarest gems and costliest jewels.

Of a kindred nature to this, was the myth concerning the bezoar

stone, about which medical men once wrote so learnedly, and whose powers and virtues were believed to possess such wondrous properties. The bezoar stone was a calcareous or semi-siliceous concretion, of an orbicular form, met with in the stomach, gall-bladder and intestines of the goat, the wild stag, and various other animals of the ruminant species. They were once so celebrated for their medicinal virtues, that they gave origin and name to a class of medicines known as bezoardics. They were so highly valued, that they often brought ten times their weight in gold, and in Portugal, they were rented out at the modest rate of ten shillings, equivalent to two and one-half dollars per day. They were occasionally taken internally, but more commonly worn as a charm or amulet around the neck. Like to this, at a somewhat later period, was the superstition regarding a variety of stones now known to the mineralogist by the name of jade. These, under the name of nephrites, were worn and carried as amulets, charms and sovereign specifics for kidney complaints, and their efficacy vaunted as beyond comparison. The belief was long prevalent also, that certain gems possessed the power of detecting poisons, either by causing the stone itself to change color, or by producing an effervescence in the deleterious compound, which frequently resulted in shattering the goblet which held it. Among the precious stones possessing this miraculous attribute may be named the corundum and cymophane. It was said that Count Cagliostro, the widely famed necromancer of the last century, once detected poison in this manner, in the presence of Louis XV, of France, for whom it was prepared; causing so violent an ebullition as to break the glass containing it. The slender folios of the dark ages, and the vellum-bound treatises on medicine, compiled by the few scholarly physicians of those days, abound in directions for the manufacture of what they call the vulneraries; being medicaments of marvelous powers and efficacy, that would heal in a short space of time the gaping and fearful wounds made by the lance and claymore, the pike and halberd, and other ugly weapons of the time. These were applied under favorable aspects of the moon, with the observance of solemn ceremonials, and the recitation of charmed verses to the weapon instead of the wound; which, it must be owned is a vast improvement upon the practices of those charlatans of the present day, who, with many a sage rehearsal of its curative properties, will stuff a fresh and gaping wound with quids of tobacco, spoonsful of sugar,

handfuls of salt, scraps of leather, fungus, spirits of turpentine, and other nameless if not less fragrant ingredients.

The agency of demonology and witchcraft in causing and curing disease, has been a prevailing delusion of mankind from the earliest ages up to within a comparatively recent period. The incantations and spells, which helped to make up this devil's liturgy, are among the quaint marvels and curiosities of medical literature. The Bible gives record of one in which the spirit of the prophet Samuel was recalled from the invisible world; and Shakespeare, in his wonderful tragedy of "Macbeth," gives a rehearsal of a witch incantation, which has no parallel in English literature. When the witch mania was at its height, all ailments, from the most insignificant to the most serious, were chargeable to these malign spirits and practices of evil; and, for a time, reverend divines were in greater requisition than the doctor. The relics of this superstition may be seen cropping out here and there, in the present day, in the shape of a horse-shoe nailed over the door, for good luck, or dropped into the churn to hasten the collection of the bewitched butter; or the red string tied round the neck as a preventive of disease.

While we smile at the narration of these witch cures, and wonder at the credulity which fed and fostered the imposition, a moment's reflection will teach us that even the most outre, thrilling and bizarre incongruities and monstrosities of doctrine and belief of those days may find their parallels among the superstitious practices of this enlightened age. With but a passing reference to spiritualism and its extraordinary assumptions of ability to cure by the laying on of hands, its power to inspect the interior economy of the human system, and not only discriminate as to disease, but to portray with accuracy, the pathology of the organism, and finally, its presumptuous claims to work miracles, set aside the organic laws of nature, and to raise the dead to life, or to recall to mortal intercourse the spirits of the departed; what, let me ask, in all the history of witchcraft was there that claimed more, or even as much as this?

During the late war, it happened that near Cumberland city, Maryland, one of the hospital attendants cut down a large sycamore tree. In splitting it, there was found, plugged into the heart of the tree, a lock of human hair. This relic of African fetichism or diablerie is supposed to have been placed there in the hope to relieve some pain or illness, or inflict some punishment or suffering in retaliation for a treasured injury. A floating paragraph in a late paper,

confirms this conjecture. "It is remarkable, the superstition which continues to prevail among many classes in the United States. We remember when in southern Ohio, a few years since, of being told of a certain remedy for all scrofula affections, which was universally practiced there. A person so afflicted cut a lock of hair from as near the center of the head as possible, always with a case-knife. A hole was bored into the body of as large an elm tree as could be found, and the lock of hair having been inserted, a plug of wood was driven in after it. Time and again, we were assured that just as soon as the bark grew over the wood, the scrofula disease would disappear from the one who resorted to this remedy."

Not long since, a patient of mine received the following formula from a friend (both occupying respected stations in society) as a certain cure for the heart disease, with which the sick person was supposed to be afflicted. Listen: "As our Saviour, I. H. S. Cross whereon He was crucified. He did both shake and tremble, the Jews asked Him, hast Thou an ague? Jesus answered and said unto them, I have no ague; but verily, I say unto you whoever hath this shall have the ague no more." An accompanying paper, to be worn with the foregoing, next the heart, contained the following inscription: "I can drink what I like; I drink the juice of my heart, in the name of God the Father, the Son and Holy Ghost. Amen. I can drink the power of my heart; I drink my lungs and liver; a fresh blood is good for the seventy-seven parts of the consumption. In the name of God the Father, and the Son, and the Holy Ghost. Amen." It is hardly credible that such blasphemy and superstition can exist in this enlightened age.

It is less that twelve years ago, that in one the suburbs of a neighboring village, at the instance of a self-styled doctor, a corpse was exhumed, and, though the body was far gone with decomposition, it was opened, the heart taken out and burned to ashes, to affect, as was alleged, the cure of a sister of the deceased, who had the consumption. The heart of the dead man, as the doctor stated, and the family believed, preyed upon the vitals of the living sister, and until this was utterly destroyed, she would continue to waste and pine away. It is, perhaps, superfluous to add, that the charm worked no good, and that the patient died.

But a few years since, the *Boston Traveller* recorded a case, in which an old lady's black cat was hunted and persecuted for weeks, under the allegation and belief that the cat was the old lady's fami-

liar and demon, and, finally, to save its life, she was obliged to keep it under lock and key. This, it will be remembered, was at that enlightened center called "the hub."

Within the past year or two, a case was tried at the sessions at Birmingham, England, in which a woman, claiming to cure by witchcraft, had swindled another out of several sums of money. The details of the case, with all its loathsome and revolting minutiæ, quite carries us back to the day of Cotton Mather, and the Salem witchcraft delusion. The relation of particulars like these, which are daily transpiring as current events, will quite warrant this quotation of the following lines:

"While mountain spirits prate to river sprites
That dames may listen to the sound at nights,
And goblin feats, of Gilpin-Horner's brood,
Decoy young border nobles through the wood,
And skip at every step, Lord knows how high,
And frighten foolish babes, the Lord knows why,
While high-born ladies in their magic cell,
Forbidding knights to read who cannot spell,
Dispatch a courier to a wizard's grave,
And fight with honest men to shield a knave."

Every agricultural district is sure to have its farmer who will only pare his corns in the new moon, and kill his pigs in the last quarter. He must needs wean his calves in the sign of Taurus, shear his sheep in Aries, wean his babes in Gemini, cut his hair in Capricorn, and must be blistered and physiced under certain auspicious conjunctions of the stars. We had, two years since, in the town where I reside, a magnetic doctor, whose touch was so powerful as to draw needles to him, and extract the paint from the floor on which he stood. The following is an expose of his mode of operating:

"It is astonishing what a number of apparently intelligent and respectable people will crowd the rooms of every quack doctor who hangs out his shingle. We wish this story of the way one of the gentry performs his 'marvelous cures' might serve as a warning.

"Our readers will doubtless remember one Dr. N——, who had rooms at the Oliver House, three or four years ago, where he performed some miraculous cures, and was daily visited by large numbers of people; the morning trains, on all the roads, coming in, were crowded with invalids of every description.

"The ladies who visited the doctor, and shook hands with him, will remember the electric shock which they received on taking his hands in theirs.

"Many thought this an evidence of miraculous power, and his name and fame, spread rapidly over the country, while the afflicted rushed to him, in the confident hope of a speedy relief. In some instances, he gave temporary relief to his patients, and, occasionally, a permanent cure was the result of his manipulations. In all cases, the doctor was sure to relieve his patients of a good fee, unless they would certify they were not worth a stated sum of money. We are informed that he carried away, over $50,000, as the proceeds of his practice in this city. We met a friend of the doctor's, a few days since, who informed us of the means used by the doctor for humbugging the people. He stated that the doctor placed batteries on his back, sides and feet, six in number, and kept his person charged with electricity, to its utmost extent. This he would impart to his patients, they supposing it to be animal magnetism. In rheumatic complaints and affections of that description, the magnetic shock would afford temporary relief, and thus lead patients to attribute wonderful curative powers to the doctor, which enabled him to extend his business, and reap rich harvests from a thoroughly gulled public."

It is not uncommon, in this section of the country, to find a person wearing a horse-chestnut in his pocket, and if asked the reason, will probably attempt to carry it off as a joke, while in reality, he carries it about him as a remedy, or prophylactic for hæmorrhoids.

A writer, in *Once a Week*, states that an omnibus driver, in London, assured him that he knew an infallible remedy for rheumatism, which was to steal a potato, and carry it in your pocket. Shortly afterward, mentioning it to a gentleman who has made his fortune in trade in this city, he produced from his pocket what appeared to be a flat, black pebble, which he told me was a potato that he had stolen, and had carried about in his pocket, till it shriveled up to its present state. He assured me that its effects in relieving him of the pain had been marvelous, but that it had got worn out now, he had supposed, from the time he had carried it, and he thought he must steal another soon, as the pains were returning. The experience of medical practitioners, in their intercourse with the world, will often warrant the application of the well-worn lines of Hudibras:

"Doubtless the pleasure is as great,
Of being cheated as to cheat,
As lookers on feel most delight,
That least perceive a juggler's flight,
And still the less they understand,
The more they admire his sleight of hand,

Some with a noise and greasy light,
Are snapt as men catch larks at night,
Ensnared and hampered by the soul,
As nooses by the leg catch fowl,
Some with a medicine and receipt,
Are drawn to nibble at the bait."

If this were not true, why is it that the wizard oils, and all-healing ointments, the magic pills and pain-dispelling liniments, the golden panaceas and health-restoring syrups, find so many and ready purchasers; constitute, in fact, one-fourth the traffic of nearly every country village, while in the cities, the glare and glitter of the apothecary shops is only outnumbered by the flare and flutter of the hotels and saloons? Why else are the stores and taverns, fences and telegraph poles, barn doors and country school houses decorated with gigantic posters, and ornate with rubricated placards, luminous and effulgent with all the tints of the rainbow, descriptive of the occult virtues of some nauseous compound of vile drugs, that will cost the human economy twice the effort to eliminate from the system that it would to abort the original disease.

The truth is, and sorry I am to be obliged to admit it, that despite the boastful cultivation and refinement to which allusion was made at the outset, there is in human nature, underlying all the superficial and secondary deposits of teaching and training, a rough, harsh layer of superstition, which is continually thrusting its unsightly angles and asperities to sight; and a credulity, which ignoring the more rational methods of cure, is forever on the lookout for wonder-works and miracles. Striding over the omnipresent law of similars and affinities, advertised by Omnipotence all over his universe in letters of living light, the masses are still groping in greasy gallipots for that wonderful nepenthe whose mysterious mission is to alleviate pain and prolong life. Purblind egotists are these, wandering aimlessly and fruitlessly around the portals of that Eden which is perpetually guarded by the angels of purity and temperance.

In heathen mythology, Apollo was represented as the God of medicine, a deity, mind you, of surpassing beauty, gifts and graces, typifying to the human race the genial, silent, vivifying influences of sunshine and air. The genius of an æsthetic race has depicted him multiform, but nowhere, even in the pantheon of assembled gods, is this herald of health represented with the farrago of appliances which so often disgraces medical practice. In view of this jumble of incongruities, gathered from the practice and precepts of our neigh-

bors, the allopaths, and which in all their misshapen phantasies migh be multiplied to volumes, would it not be both modest and discreet in them to abate something of their pretensions and stilted assumptions of wisdom and superiority, and return to the primitive faith of the great fathers of medicine?

Axioms are not necessarily true because generally received; nor do rules of logic or law apply to the principles of medicine. If they did, that threadbare maxim "*falsum in uno falsum in omnibus*," would force our professional brethren, the self-styled regulars, to a dress parade before the universe, with colors at half-mast and the union down. The world is daily exploding errors, and among them, and past redemption is the theory "the bigger the dose the quicker the cure."

A few words to the laity, if any be present this evening, and I am done. My text shall be, "Is there no balm in Gilead; is there no physician there?" If there is, employ him. If you have a valuable watch to be repaired, you don't trust it with a blacksmith be he never so skillful; neither do you ransack a fish market for dry-goods, or look for crockery in a blacksmith's shop; yet many of you will intrust the management of your bodies, that wonderful and intricate network of machinery, God's masterpiece of perfection in mechanism (Darwin's theories to the contrary notwithstanding), to the rough manipulations and uncultivated mercies of some presuming ass, who cannot tell you the functions of the liver or thoracic duct, nor could give a credible conjecture whether the œsophagus was an honorary degree or a mill privilege. The following, copied from one of the journals of the day, are examples of the pretensions which unmitigated ignorance have succeeded in passing off for the pure coin of professional wisdom, and consequently of successfully competing in a civilized community, with scientific attainments and the skill which can only come of long observation and studious investigation:

"For krup medisin.
1 dramn ov ant ti monney metic
ate drops tingtur eppakak.
a little peece lickerrish.

Pound ital together, and put init hav of a pint of surrop take a sponful evry fifteen minits and it will make the child pewke.

for a sick hoss
take 5 sents wuth ruberb
2 sents wuth calomer
4 sents wuth sulfur.

give the hoss onct a day when the hoss gets fissicked hold up on the medason.

for pane in the jints
take oil angel wurms and
oil of organ 2 ownses sperrits of
turbentine ditto tinctur of red
peppers ditto aquamony 1 ownses

put into a bottle with a pint of alkehawl apply twicet a day for rumites and panes any wher.

for colery
take lodlum
pepmint essints
tinkter Kyan peper
Kamfire surrup ecul parts.

dos a spuneful oncet an our, til the panes are gon and the diaree is stopt."

Do not, I beg of you, misunderstand me and go away from here to-night with the impression that I have been maligning my own craft. Such is not my intention, for no man can have a higher respect than I, for the profession that I have the honor to represent. All honor to the noble men, who, out of the chaos and confusion herein described, have tried to evolve order and build up on the bases of experiment, provings and observation, the fair and many pillared temple of modern medicine. All honor to the physician, who, by study and industry, reflects credit and luster upon his pursuit, instead of hanging like a dead weight to the tail of his profession. There is no calling, unless it be that of the ministry, whose following is so blessed, whose hourly ministrations to suffering humanity are so beneficent, and near akin to heaven as that much abused and poorly appreciated occupation of doctor. Bulwer says: "To the true physician, there is an inexpressible sanctity in the sick chamber. At its threshold the mere human passions quit their hold on his heart * * * * The grief permitted to others must be put aside. He must enter the room with a calm intelligence. He

is disabled for his mission if he suffers ought to obscure the keen, quiet glance of his science. Age or youth, beauty or deformity, ignorance or guilt, merge their distinction in one common attribute human suffering, appealing to human skill. Woe to the household in which the trusted healer feels not on his conscience the solemn obligations of his glorious art." Through summer's heat and winter's cold, in sunshine and storm, by night and day, early and late, "the doctor" wends his weary round of duty. To rich and poor, alike, his countenance is their beacon-star of hope. Always wrapt in an atmosphere of gloom and apprehension, of sorrow and fears, of tears and lamentations, or, at the very best, of hushed whispers of encouragement, and anxious, straining glances, in darkened rooms, where calmer counsels wait in candor on debated probabilities.

He has few enjoyments outside of his calling, and never a day, nor an hour, in which, with undivided interests and calm content he can assure himself of uninterrupted relaxation and recreation, unless, like your speaker to-night, he runs away to get it.

And yet, if to visit the sick, minister to the distressed, feed the hungry and clothe the naked, be man's highest mission on earth, the doctor's life, above all others, abounds in glorious opportunities for good, that properly improved, will surely pave that narrow pathway to the eternal world with blessed charities and gracious deeds of benevolence, which will lighten and brighten the rugged journey to the tomb, and bloom in wreaths of eternal beauty and glory in the great hereafter. But don't indulge the delusion that because your doctor may hope to get to heaven, he don't need anything in this world. It is not so. A doctor can't live on air, or hope; and, as the nature of his profession requires activity and labor, both of brain and body, he needs both brain and body sustenance. Give it to him, or the means to procure it, and, my word for it, he will work all the better and think all the more of you; and thus, with mutual confidence and mutual respect, you will travel along life's vale together, helping to lift each other's burdens and divide each other's cares; and when the great last day shall come, when all accounts are finally adjusted, you will not, at all events, have an unpaid doctor's bill staring you in the face.

V.

The Science and Art of Medicine relatively considered. Address before the annual meeting of the Homœopathic Medical Society of Northern New York.

By T. J. PETTIT, M. D., of Fort Plain, July 11, 1871.

When we consider the effect produced by the application of the physical sciences to the material arts, we naturally look to the science and art of medicine for similar results. The same general law of cause and effect, will be recognized, in any correct theory, when fairly tested.

Hence, we conclude, that the art of medicine, when understood, will correspond with the science. If the theory be correct, the practice, in accordance therewith, must be correct also.

Taking this as a fair criterion by which to judge of any theory, what is the least that can be said of the (self-styled regular) practice of the dominant school of medicine, and what is the verdict of public opinion in reference to the results above indicated? While they claim their science to be advancing, do not they themselves admit that the practice is retrograding? Nor is this idea limited to public prejudice or caprice. Are there not men of scientific attainments led by this prevalent theory into skepticism; folding their arms at the very bedside of the sick, watching and awaiting the processes of nature through the stages of disease to its termination, either in recovery or the death of the patient?

Admitting these points to be fairly taken, what must be the conclusion in reference to the popular system of medical teaching? Is it not pertinent to ask, if the popular view of medical science is correct, and if it is advancing, why does the art or practice continue to fall into disrepute; and are not its adherents called upon, as honest men, to consider whether they are not practicing upon the credulity of the public, by promulgating such a system of therapeutics?

Can it be said that the system, or its principles are not fairly tested or understood? That the relations between the theory and practice are not comprehended? As a class, do they not claim superior advantages and qualifications? In fact, does not this appear in the

development of their system? Again, why such a diversity in practice, even in the same class of cases, all claiming equal, if not superior success? Is it any wonder that medicine, thus administered, should be ridiculed or criticised? And is not the ridicule merited, and the criticism just? Although public confidence has thus been shaken, still, at the sight of suffering, the question will be asked, is there no balm? Is there no cure or relief? The question, then, is not, shall we abandon the practice of medicine, but rather, how shall its purposes be attained, and what are its real therapeutic effects?

There are cases, evidently, where drugs seem to destroy disease, arresting its progress entirely; as examples, cinchona in intermittents; mercury in syphilis; sulphur in itch, etc., may be cited. But in the majority of cases, do not diseases run a certain course, being only prolonged or aggravated by the effects of crude medicines? Frequently, the physician may flatter himself with the idea of curing a disease, which the recuperative powers of nature overcame, in spite of the drugging. Thus, do many suppose they have cured membranous croup with an emetic, when, in fact, nature interposed against the influence of a spasmodic affection, and the emetic combined. The idea of curing diseases and correcting morbid influences in the system, by a physiological action of medicine, is becoming unpopular. Nature's remedial processes are to be studied and recognized; her laws are inflexible, and cannot be compromised.

Hence, the manifest duty of the physician, is to study nature's healing processes, and adapt the remedies accordingly. Ignoring these plain principles of the medical art, the dominant schools perpetuate an error, which has, undoubtedly, been the cause of the great revolution in medical practice. This leads us to the "Temple of Homœopathy, a temple whose foundations were laid, whose pillars were wrought by the immortal Hahnemann; a temple, whose magnificent dome, towering amid the fallen and trembling arches of former systems, shall reflect the sunlight of truth, through the long arrearages of future time." What a legacy, this, coming down to us for our acceptance and improvement. A great original principle, brought to light by one of the greatest minds of his age.

As a tree is judged by its fruit, a science by its art, a theory by its practical results, so let us examine this great medical discovery.

Theorists may deny the assertions of the "rare double-headed genius;" may denounce the whole system a mere fabrication, destined to crumble and vanish. But when tested as a great truth, seen in its

practical results, it cannot be successfully denied. It rests on the safe and broad basis of experimental science. In this light it shines out, before our mental vision, clearly and inextinguishably, as a positive principle.

A distinguished member of the so-called "regulars," in an address before their State Medical Society, declared that the success of homœopathy, for the last twenty-five years, was due to the impositions and errors of the "regular" profession. Strange hypothesis, this, in view of the steadily increasing evidences of the success of homœopathy, in spite of the intense opposition of a rival system. That it originated from this cause, we have already indicated, but to assert that it is maintained upon such a negative principle, is simply ridiculous. The declaration of the learned gentleman, that homœopathy is a success, and no longer a problem, we acknowledge to be true, but this success, thus admitted, has a positive basis, from which proceed positive results.

The records of the homœopathic treatment of yellow fever, cholera, pneumonia, etc., stand, to-day, a proud monument of its remedial power, giving an average mortality of all diseases, throughout the world, of from five to ten per cent, while the tables of the so-called "regular" practice, show an average of from thirty to seventy-five.

In estimating the claim this system has upon our confidence, it is due, that not only its unequaled success should be considered, but its disadvantages, as seen in contrast with those of the dominant system, have a significance also in its favor.

This brings us to an important distinction between the two theories; likewise, suggests an important lesson for our consideration. If the old school complain of inefficiency and incompetency among its adherents, with all its advantages and appliances, accumulated in its maturity, what is the suggestion to us, who adopt the new and comparatively untried theory? How important that to our "faith we add knowledge." By this I would not indicate the spread of knowledge of so much importance. We have more books than are thoroughly studied and understood; apt to learn a little of everything, but nothing well. With such knowledge, a man's usefulness may be compared to a certain kind of pocket-knife, containing not only blade, but file, chisel, saw, gimlet, screw-driver and scissors, but all so diminutive that in time of need they are found useless.

By extending individual effort too widely we may weaken our force, hinder our progress and embarrass our usefulness. Success

demands that we never go to the second thing until the first is accomplished. A clear idea of what we desire to do is very material in selecting the proper means of accomplishing it.

Practical wisdom must be ready for use at call. It is not enough merely to have books for reference, we must carry with us the current coin of knowledge, ready for exchange. But to be more particular; may it not be profitable for us to inquire why the practical value and importance of homœopathic therapeutics is not more generally appreciated. Has not the system been proven scientific? Do not its principles harmonize with all correct practice in surgery, obstetrics, etc.? Has not the art, whenever and wherever fairly tested, demonstrated the superiority of the system? Are not its colleges, hospitals, dispensaries and medical societies scattered broadcast throughout the civilized world? Then where must we look for the obstacles in the way of its complete success? We answer, first: To ignorant pretenders, rushing in where the most scientific cautiously tread; assuming responsibility (with the air of magicians) where the intelligent hesitate, and audaciously trifling with public credulity. Again, second: The system has to contend with exclusiveness and inconsistency, two opposite extremes; the one denouncing everything prepared as remedy unless highly attenuated; making no distinction between functional disease and nutritive changes; denying the necessity of cathartics in any case; treating all cases symptomatically, excluding all pathological distinctions at the expense of being sometimes "driven to the wall." On the other hand, we find those, who, having no settled principle, are carried about by "every wind of doctrine" being governed, for the most part, by public caprice. Such, it would seem, do not stop to consider the first principles of scientific investigation. They do not stop to study and obey the original principles and elements which are so necessary to a thorough knowledge of any science.

The student of agriculture, science or religion, in order to success, must recognize and obey the elementary principles on which it is founded. Suppose the farmer should sow his grain without consulting or considering the peculiar adaptation of the seed to the soil, and expect an abundant harvest, without obeying the rudimental law of vegetable growth. Manifest inconsistency! Suppose the student of mathematics, should attempt the solution of a difficult problem, before studying and understanding the fundamental rules. In religion, also, the same rule governs. It is plainly indicated in the

teachings of Christ himself: "If any man will do my will, he shall know of the doctrine." So say we in reference to the homœopathic dispensation of medicine. If we would understand its doctrines, we must study and obey its principles. Then might the learned so-called "regulars," be better able to judge, whether this system is what they assert it to be, "the product of a spontaneous generation," or whether it is not what it claims to be, a *system founded upon and originating with the immutable laws of life.* Being no longer a problem, but a grand solution, struck out by the hand of progress, it will sweep down through future ages, and endure as long as man retains his mortal conditions, and needs the physician's aid.

VI.

Address Delivered before the Medical Society of the Counties of Ontario and Yates.

By T. D. PRICHARD, M. D., of Phelps.

Gentlemen.—In selecting a subject on which to address the members of the Homœopathic Medical Society of Ontario and Yates, I find it somewhat difficult to select one that will be of interest to its members.

Our journals contain, from time to time, addresses on the different topics pertaining to homœopathy, each author presenting the subject according to some particular notions of his own; though not different in the main, are essentially so in many vital points, yet all claiming to be homœopathists. Do all practice according to the law and teaching of the great founder of homœopathy? Of this, I would not be the judge. If we do not, we may not be wholly in fault. Our first instructions may have been wrong; we did not begin right. Many of our homœopathic practitioners are men who were first taught the allopathic modes of medical practice, and not being satisfied with them, sought another mode of cure by beginning to investigate homœopathy.

This, at first, seemed very blind. As they read the materia medica, the symptoms of one remedy or drug appeared so nearly like the other that there seemed to be no difference worthy of consideration by them. All the polychrests have many symptoms in common under the different heads. You will find vertigo, headache, fullness of the head, pain in the forehead, or pain in the right side of the head. Then the eye and ear symptoms are to be noticed. The nose, face, throat, chest, stomach, bowels and sexual organs have large numbers of symptoms. All these are read over and over, and the query arises: How am I to know which remedy to select in a given case?

I may wish to relieve a patient that is sick at the stomach and vomiting. According to our first impressions, that which will produce nausea and vomiting, must cure it. Then we go back to our old allopathic classification of drugs, and select from the class of

emetics, such as ipecacuanha, lobelia or tartar emetic, some one of them for administration, and expect speedy relief or cure. We may have diarrhœa or constipation. Then we are to refer to that class of drugs which have direct action upon the bowels, and thus, guided by the law "that like cures like," in the selection of our remedy, we may expect to cure or relieve disturbance in any part of the body.

But we do not always afford the expected relief. Why? Because the remedy has not been well selected. For example, other drugs beside those that belong especially to the class of emetics, will produce nausea and vomiting. Belladonna may cause vomiting from sympathy, in brain affections; cantharides may cause vomiting by inflammation of the kidneys. Therefore, though vomiting may not be the most characteristic pathologic indication, yet may be a most distressing and very prominent objective symptom, which may be of importance in naming the disease (for we must name the disease), although this will be of little importance to us, as we must treat the condition and not the name. Prescribing for the name of any disease will surely lead us to disappointment.

Suppose a patient asks you for medicine to relieve a cough. How do you know what remedy to give until you have learned its peculiar character, and all the conditions and circumstances attending it?

Then how is one to select the remedy? What are the peculiarities of the case, the striking symptoms, the characteristics? These must be determined. Some very trifling symptoms may be most important in the choice of a remedy. Here is an example: The patient complains of vertigo in the morning, headache in the forenoon, diarrhœa after breakfast, weakness of the back, frequent micturation, vertigo when in the act of lying down in bed, cannot go down stairs on account of dizzy feeling, has great fear of falling, must keep hold of something to prevent falling. Now, the striking symptoms in this case are: cannot go down stairs; cannot bear downward motion, How shall we cure this case? We will be quite apt to say the circulation is at fault, the stomach is deranged; this must be corrected, and then your patient will be relieved of vertigo. This condition may truly exist, but taking all this alone into account, we are to find a remedy that has corresponding symptoms. Some of the symptoms are common to many remedies, yet there are some that are so strongly marked, so striking, so truly characteristic of the remedy borax, that we have no hesitation in prescribing this. Borax will effect a cure in this case.

This is not a supposed case but one that came under my own observation. An infant has cankered mouth and diarrhœa. The mother tells me if she gets the child to sleep in her arms, it is sure to wake up if she lays it in the cradle; the downward motion wakes the babe. Borax cures the sore mouth and diarrhœa; the mother can lay the child in the cradle while asleep and it will not wake.

Mr. L., aged forty-five, resides in Harlem, New York; has had poor health for three years. He has been treated by other physicians for asthma, congestion of the lungs, liver complaint, dyspepsia and consumption, without any benefit, till he became disgusted with doctors, discharged them, and concluded to let nature have her course. He had been blistered on the chest, made sore with croton oil, scarified, cupped, drugged and tortured till he was a poor subject for nature to restore.

During a visit to his friends in the town where I reside, he called on me, and related what I have already stated. I investigated his case and found the following condition: Cough, with slight, frothy expectoration; pressure on the chest, tightness across the chest; he could not walk far without getting very much out of breath, worse on going up hills; he must stop and rest. If he walked too far, or over exercised, it would bring on, what he called, his asthma, which would last from three to four days, obliging him to sit up in bed. Bowels were regular, urine normal, appetite poor; must be very careful in diet; desire for large quantities of water. But I discovered the great characteristic symptom to be, aggravation from exercise, amelioration from rest. If he walked, he was worse; if he would lie down, as soon as he rested, he would find relief, unless he overdid to such an extent as to bring on his asthma. Better from rest and lying down is the great characteristic of bryonia. I gave the patient bryonia. In two days he felt very much better. At the end of two weeks, he stated, that he felt better than at any time since his health began to fail.

At this time he returned home. Six months after I received a letter from him, in which he says, that he is "tough as a buck, and can eat or race with any man of his heft." He has not had the least symptom of his asthma.

I could give many more cases that have come within my practice, but these will serve to illustrate my meaning. I wish to impress upon your minds the great necessity of becoming familiar with the characteristics of our remedies. Study the genus of each drug.

Each has its own peculiar image, that which constitutes the difference between it and every other drug. To learn these peculiarities has been the great study of the true followers of Hahnemann. This should be our study.

We should always be careful to note the unusual symptoms. In these unusual symptoms consists the difference in the character of the different remedies.

Those who have made provings on themselves or on others, discover from the provings the most constant symptoms. In this they have an advantage over those who have not.

This latter class will be compelled to note all the more carefully their clinical observations. We have published the characteristics of a large number of drugs. These we should study constantly, making ourselves familiar with them, and, by their aid, be more readily referred to a remedy.

In the first place, we must be instructed how to study the materia medica aright. If we begin right, it is much easier than if we have to carry along with us our old notions of administering remedies for the names of the disease instead of applying a remedy causing similar conditions in a healthy subject to that already existing in the patient. I would advise you, gentlemen, to read carefully, Hahnemann's Organon. It is a small book, of a little over two hundred pages. I think a physician may derive benefit from reading it many times. Therein we are told how to examine a patient. This is really a matter on which very many may need instruction. It is one thing to examine a patient to determine the disease, and the probability of a cure, and quite another thing to examine the patient that we may find a remedy. If we have studied the materia medica aright, then we are better able to examine the patient to get the characteristics.

My object in presenting this subject on the present occasion, is that I may stimulate you to go on in the good work of homœopathy. I may have presented some ideas with which you may not coincide. If so, I hope it may induce you to make the investigation and application to satisfy yourselves.

VII.

Anniversary Address Before the Homœopathic Medical Society of New York.*

By B. F. BOWERS, M. D., of New York.

Ladies and Gentlemen.—Our last anniversary was held during the excitement of war and the clash of arms. Truth and justice were confronted by that sum of all villainies, slavery, and forced into a war which threatened the national life, and disturbed the civilized world. Discomfited, the enemy of equal rights in its dying struggle, inflicted a wound in every loyal breast, and filled the land with woe, by the hand of the assassin striking down him, the highest and best, our chosen leader.

Now, we can rejoice together, and give thanks to God that the conflict is over, and right is triumphant. At immense cost of blood and treasure, it is proved beyond all peradventure, that we have a country, and the people honest and intelligent, with stout hearts and strong hands, will establish impartial liberty and universal justice, not upon the sands of compromise, but upon the rock of principle.

Conservatism in medicine, like conservatism in politics, is intolerant of change, and the most beneficent reforms, both political and medical, sweeping away only time-honored abuses, are blindly resisted as destructive radicalism. Be it ours, gentlemen, while enjoying and diffusing the blessings of liberty, faithfully to labor for the triumph of that great reformation in medicine inaugurated by him, whose birth we this day commemorate; the immortal Hahnemann.

The axiomatic principles lying at the foundation of republicanism, that all men are created free and equal, that governments derive their just powers from the consent of the governed, and the corollary, no taxation without representation, are fraught with blessings to mankind; and yet they are destined to overthrow principalities and powers, and to meet the most determined opposition. So homœopathy, the gift of the beneficent Creator, for the healing of his dependent creatures, a great innovation because the greatest

* Delivered April 10th, 1866.

improvement ever made in medicine, must overthrow errors and encounter opposition somewhat proportioned to the blessings it confers.

On former occasions we have been interested and instructed by eloquent discourses on the introduction and early history of homœopathy in this city. Its trials and its triumphs are well known to most of you; but the spirit and the manner in which it has been opposed by a majority of the profession here, has never, so far as I know, been set forth in a succinct and connected form. The importance of the subject and the interest of the public in a right understanding of it, must be my apology for bringing forward on this occasion, matters which to some may seem stale and unprofitable.

Let it be remembered that the law looks upon all regularly educated physicians as equals. It requires of every one a prescribed course of study, and a rigid examination by legally appointed censors, before admission to the duties, privileges and honors of the medical profession. It aims to give, and in return requires such a knowledge of the science and art of medicine as shall qualify the physician properly to treat the sick committed to his care. It seeks further to protect the public against ignorance and unskillfulness, by making every practitioner liable to prosecution and punishment for malpractice. Moreover, every true physician is bound to increase his skill and improve his art by careful observation, by study, by reflection, by earnest devotion to his work. A trust is committed to him, a duty is imposed on him; in the fear of God and in love to his neighbor, let him do the duty and execute the trust. The profession ever jealous of its honor and the rights of individuals, has a code of medical ethics, regulating the conduct of its members to one another and to their patients, to prevent misunderstandings, to settle difficulties and to punish offenses, intended to secure courtesy, harmony and justice in professional intercourse. There is a State medical society and county medical societies in every county, auxiliary to the State society, all established by law, to secure the interest of the public and the profession, and to exercise a salutary influence in medical matters.

"The regular medical profession includes all those who have pursued the course of medical studies prescribed by the laws of the State, and complied with all the professional requirements of the medical colleges and medical societies which the State has established. The diplomas held by the homœopathic physicians of New York, afford proof that they have passed these ordeals."

Both Webster and Worcester, following Johnson, give this definition of regular, "instituted or initiated according to established rules, forms, or discipline." "A regular doctor," "a regular physician."

While there are diversities of gifts, there will be differences in skill; while there are doubts and uncertainties in medicine, doctors will differ, and there will be occasion for mutual kindness and forbearance, and opportunities for mutual assistance and good offices.

Having complied with the requirements of the law, the physician is entitled to all the rights and courtesies which belong to his profession. He is authorized to act on his own responsibility, and to treat each case according to his best judgment. Often he cannot obtain counsel, when he would gladly divide his responsibility.

Shall the physician, conscientiously exercising his profession, honestly working for its improvement and curing his patients to general satisfaction, be told by any other physician, or by any number of physicians, his peers before the law, perhaps his peers in the sick-room, and perhaps not, his patients must judge of that, your opinions and practice differ from mine, therefore I denounce you to the public as a quack and will hold no professional intercourse with you, nor with any physician who will? And shall they be upheld in such a course? If so, what becomes of his professional rights so carefully hedged about and secured by legal enactments?

The morality of invading the rights, maligning the characters, and trying to destroy the business and reputations of their professional brothers, cannot be considered doubtful. The expected effect, if not the avowed object of such plans being to secure to their authors all the honors and emoluments of the profession, and to ruin those thus attacked, throws suspicion upon their motives. It is said, "Brutus is an honorable man; so are they all, all honorable men." The more is the pity, for when honorable men descend to compass private, selfish ends, by dishonorable means, the vicious are emboldened by the bad example of better men, and the public morals are corrupted. Men habitually join hands, and do collectively, what individually they are both afraid and ashamed to do.

What would be thought of a combination of business men, to destroy their rivals in business by misrepresenting and ridiculing their business, impeaching their honesty, enticing away their customers, refusing to recognize them as business men, or to hold business relations with any business man who would so recognize them, on the

pretext that they were presuming on the ignorance and credulity of the people, practicing gross deceptions and were utterly unworthy of public confidence, when, in reality, they were worthy, upright, honorable men, trained to and thoroughly understanding their business, enjoying the confidence and respect of the community and provoking envy only by their success? If such conduct on the part of merchants and business men generally, would be considered highly dishonorable and unjust, why should similar conduct on the part of physicians be held less so?

So long ago as 1831, Philip E. Milledollar, M. D., Felix Pascalis, M. D., Abraham D. Wilson, M. D., Hans B. Gram, M. D., were appointed, by the Medical Society of the City and County of New York, a committee "to investigate the subject of the existence of a secret association of medical men in New York, said to be for purposes derogatory to the profession and injurious to the public." They presented a full and interesting report, which was approved, almost unanimously by the society, consisting of two hundred and ninety physicians, in which they say: That it originated in *selfishness*, and has been continued for the purpose of advancing the pecuniary interest of, and making professional reputation for its members, without submitting to fair, open competition, which decided talents and honorable minds never wish to avoid.

"By its influence in curtailing a free intercourse with the profession at large, it produces in the minds of its members, a false estimate of their own characters, and an erroneous impression of the characters of those who are uninitiated into their mysteries. An association like the one under consideration, is also to be reprobated, inasmuch as it tends to an unjust monopoly of the emoluments and honors of the profession. Your committee do consider the combination of men so well calculated to create a monopoly in the profession, as opposed to the spirit of the excellent code of medical ethics adopted by the medical society, and destructive to the etiquette which, in a refined community, has ever governed the physician and gentleman."

"An association of the magnitude of the club under consideration, by acting in concert, by accepting favors from other physicians, who act in good faith, and not reciprocating them, can collect a much larger portion of public patronage, and wield a greater influence, than they are justly entitled to by their real merit. Almost all the professional offices in the city of New York, leading to practice or conferring reputation, are monopolized by the secret association."

In regard to the important subject of consultation, they well say: "If your committee understand the nature of a consultation, it is not intended to be merely the assembling together of men who see eye to eye, in order to avoid responsibility and to increase the expenses of medical attendance, but would rather judge, that their utility in reference to patients mainly depends upon the free interchange of the opinions of men of skill and independent minds, who would not be so much impressed with a deference for each other, or their own interest, as to forget the most important concern, the patient's safety."

By way of palliation of the association, they say: "Allowing some of these gentlemen to be, in general, good and clever men, yet we must not forget that human nature is weak, that there are such things as besetting sins, and that in a trading community, *coveteousness* is apt to be most predominant."

The New York Academy of Medicine is said to be the public expansion of this secret exclusive association, called the Kappa Lambda Society, inheriting the spirit and quite overstepping the footsteps of its illustrious predecessor.

As homœopathy attracted more and more attention, physicians, one after another, investigated and adopted it, the practice became more and more popular, until the allopathic doctors became alarmed at its progress and determined to put it down.

The county medical societies in the country, in some cases attempted to turn out members who became homœopathists, and refused to admit homœopathists to membership. But as the homœopathists were among the most intelligent and popular physicians, having enjoyed the respect of their associates, and still retaining the confidence of their patients, this course was found to be unpopular, and rather injured the old school than the new.

In this city the homœopathic physicians were so well known and respected as men of science and skill in their profession, and their clients were so numerous and influential, that it was not thought politic to attempt to turn them out of the medical society, where they have rights which can be legally maintained, and where it is necessary to proceed in a legal way against a member.

Instead of this the plan was adopted of forming a new voluntary association from which homœopathists should be excluded, and in the language of a prominent and learned member of the academy, "the least savor or tincture of homœopathy will not be recognized

by us of the old school;" and so the New York Academy of Medicine was formed in 1847, for the purpose of putting down homœopathy.

It was understood that the members of the academy would not consult with any homœopathic physician, nor with any allopathic physician who would consult with a homœopathist.

One of the first resolutions after the formation of the academy was in these words: "That any member of this academy who shall consult with any homœopathist, or other irregular practitioner, shall be considered to have forfeited his membership."

The first president of the academy, the late Dr. Stearns, delivered his inaugural address, February 3d, 1847, which was published by order of the academy. In the New York Commercial Advertiser, March 8th, 1847, I find the following extract from that address:

"When I attempt to analyze the doctrines taught by Hahnemann I am promptly met at the threshold with the avowal of principles which astonish and confound, and very naturally induce the inquiry, do I possess the faculty of reason, and what is its import and design? Is it not to investigate truth, to direct us in our walk in life; to enable us to choose the good and to reject the evil; to preserve health, life and happiness? If the fundamental principles of the Organon be true then have I given an erroneous definition of reason; for it meets those principles with a decided contradiction. Reason teaches me that the power of any remedial agent essentially depends on the number of grains, ounces or pounds of which that agent consists. But Hahnemann contradicts this position and maintains directly the reverse, and asserts that the power of that agent is increased precisely in proportion to the subdivision, the comminution or dilution of its component parts. To illustrate this, I will cite a very analagous case: If one pound of gunpowder will propel a canon ball one mile, the millionth part of a grain would carry it around the globe, and produce the greatest possible destruction of human life. The same remarks are applicable to steam, and to all the other agents of similar power. Well might Hahnemann forbid his pupils to reason or to theorize on his principles.

"They have hitherto rigidly adhered to his injunction. In attempting to explain the precise objects which he intended to accomplish by such an extraordinary publication, I can arrive at no other conclusion than that the whole of his Organon was prepared for the express purpose of ascertaining how far he could successfully practice

deception and imposition upon the credulity and prejudices of the community; for I do sincerely believe that he had too much common sense to believe in the truth of the doctrine that he promulgated.

"Poisons and narcotics constitute the corner-stone of the homœopathic edifice. Deprived of this, their whole system of materia medica would be demolished. The alleviation of pain by *narcotics* gives to their practice all its popularity. No man in the full exercise of his reason can believe in the truth of this strange doctrine; and if he attempts to practice upon the principles which that doctrine inculcates, he must possess a most depraved moral faculty.

"I have often heard it asserted that the clergy are advocates of homœopathy, but this charge is too inconsistent with their profession to admit of belief. Their duty to God, their fellow men and themselves, is of so holy a character that they should be placed beyond the reach of such calumnious charges. How can they patronize a practice which impairs health, destroys life, and which must necessarily injure their own usefulness as guides to eternal happiness? How can a religious man support a system which places reason and common sense at defiance, and which rests exclusively on the vagaries of a visionary enthusiast?

"If the clergy, like Hahnemann, repudiate reason, how are they to prove the truth of our holy religion, the existence of God and a future state of retribution? Such reasoning would give peculiar delight to the infidel and atheist. The general avowal of such principles would subvert all true religion and civil government, lead to consequences appalling to all reflecting minds; I therefore earnestly solicit all who persevere in propagating this new doctrine to pause and consider."

This address and its publication by order of the academy, I think affords conclusive evidence that Dr. Stearns and the society did not begin to have any correct idea of homœopathy; were not likely ever to have, and were not in a very amiable state of mind. All these allegations against homœopathy were denied at the time, and Dr. Stearns was publicly challenged to the proof without calling forth a reply.

A few quotations from "An Appeal for Scientific Truth Against Empiricism," published in 1848, will show that there was no improvement, either in the intelligence or the temper of the opposition. "The time, we proclaim, is come, when we must arm, muster, and be doing. Homœopathy can, and homœopathy must be exposed and

eradicated. It has trifled too long with the confidence in, the respect for, the security of our profession, with our honor and the safety of mankind. The system which is based upon absurdities the most preposterous; fallacies and inconsistencies, the most gross; results the most lamentable; pretensions the most arrogant; the system which, by its prospective advantages and profitable vogue, *seduces daily into its ranks the intelligent and respectable* from beneath the banner of the just cause; which claims to have laid for the principles and machinery of the science and art of medicine the only definite foundation; which decries the present one and taunts with prejudice and error its votaries; which offers in its stead, a blind reliance upon the *vis medicatrix* of nature and the public credulity, in its infinitessimal doses of oyster shell, or under the guise of potency, secretly prescribes poisons, and adopts, *mutate nomine*, the most cherished resources of the art which it professes to oppose and despise; which offers in evidence of its success diagonses the most erroneous, prognoses the most false, and presumed medicinal agencies and boastings the most unfounded; which maintains, in defiance of all common, correct theory, experience and observation, that bloodletting is at best a dangerous remedy, and doubts whether it is even a remedy at all; can and must be exterminated. It is true that time will do this, as it has done with every one of its congenerous predecessary empiricisms; but there seems no good reason why its fate should not be accelerated by the application to its roots, without delay, of the sharp ax of truth, and time and health, aye, and life be spared in the interim. * * * * Has not the academy, which may be fairly taken as the expression of the sense of the higher minded and better informed among us, very properly placed them (homœopathists) amongst the irregular practitioners of every grade; has it not eschewed all professional fellowship with them, refused to consult with them, and excluded them from its body? And do gentlemen hesitate, after this public and approved demonstration of professional sentiment, to lend their individual aid to the exposure of its real character, and to lessen its spread and influence? If they do, they do not act up to the spirit of its institution; they do not do their part toward performing one of the highest duties, not only of its associates, but of every member of the regular profession, etc. As to persecution, even if it were truly urged, it is what *they merit; what the public safety requires; what the professional duty demands;* and when the accusation is well founded, their appeal to

it is vain. * * * * Ought we to care for the cry of persecution raised by these unprincipled and mercenary persons, when we can show conclusively that health, and life, and money have been sacrificed to their mendacity, selfishness, etc. There are for homœopathy the two horns of the dilemma. Mistaken but honest credulity on the one hand, venality and deceptiveness on the other, etc." This last idea was more tersely expressed by another prominent member of the academy who said "a homœopathist must be either a fool or a knave."

The following passage, in the letter of the domestic secretary of the academy, in 1849, shows that things were still in a very bad way with the old school. He writes: "There was a time, sir, when that profession conferred honor, and men venerated, loved, and confided in their physician. How is it now? The term is almost a laughing-stock, synonymous, almost, with ignorance, temerity, petulence and envy, aye, and with poverty. Regular practice is decried; mercenary folly and falsehood flourish under a thousand different names. *The public has lost its confidence in legitimate medicine*, and throws itself, blindly, into the arms of renegades, pretenders and empirics, and listens greedily to every absurdity which is offered to its embrace, etc."

It does seem hard that poverty should be added to contempt, but the way of transgressors *is hard*, and curses, like chickens, will come home to roost. The hardest thing of all to bear is, the consciousness that respect has been forfeited by one's own demerit.

The spirit of the opposition to homœopathy, it seems to me, is well illustrated in an old report of an interesting case of congenital blindness, cured in a way not considered regular in the schools of that day. The patient had become of age before he was cured, and the case excited quite a sensation. His neighbors were curious to know how he was cured; some believed in the cure and some did not, saying, this is not he that was born blind. The patient said, I am he, and related how he was cured. But some would not believe until his parents were called and examined. They said, "this is our son, and he was born blind; but how, or by whom his eyes were opened, we know not. He is of age, ask him. He shall speak for himself." They were afraid to say more, for there was a combined opposition to such practice, and threats had been made that if any one should confess their belief in this great physician, he would be put out of the society. Finding the case was clearly proved, and there was no use in denying it, the opposers again called the patient, and said to him: "Give God the praise; we know that this man is a sinner."

This seems to have touched the patient, and he answered, whether he be a sinner or no, I know not; one thing I do know, that whereas I was blind, now I see. Then they asked him again how he was cured, and finding that he had full faith in the one who had cured him, and was surprised that they did not believe in him too, they insulted and then excommunicated him. Respectable, intelligent, influential, sanctimonious, regular pharisees, could say of him who was without sin, "We know that this man is a sinner." It is believed, by many persons, that even so late as the middle of the nineteenth century, there will still be found a good deal of human nature in man. The self-righteous pharisee, bearing false witness against his neighbor, and synagogues organized for the purpose of putting down the truth, are not exclusively of the past.

Observe the striking similarity in the conduct of the pharisees in this case, and that of the allopathists of the present day. They eargerly bore testimony to a fact as true within their personal knowledge, which was absolutely false; but as for the truth itself, they could not see it. So say the allopathists, any one who practices homœopathy, must have a most depraved moral faculty, must either be a fool or a knave, and at the same time talk about our holy religion.

A few facts will show that they have been determined to prevent all investigation of the subject. In 1839, the speaker was one of the physicians to the New York Dispensary, in Centre street. The next year he was turned out for examining homœopathy. Being then an experienced allopathic physician, he did not practice homœopathy in the dispensary, but thought it worth examination, and used it in his own private practice. This is the first instance, so far as I know, of the removal of a physician, from a public position, merely on account of his medical opinions.

When the Demilt Dispensary was established, a liberal gentleman offered a donation of five hundred dollars if they would allow homœopathic treatment to such as desired it. The offer was rejected.

The Protestant Half Orphan Asylum has been exclusively under homœopathic treatment for the last twenty-four years with the most gratifying results, having had an average mortality as compared with all the other asylums in the city, of only one to three; and yet the only notice apparently which the allopathists have taken of the medical treatment in that institution, is one instance, where a medical journal, edited by a member of the academy published a scandalous, malicious,

false communication, to prove the published report a gross misrepresentation of the facts intentionally made to show a favorable result for homœopathy, and this the editor introduced with enormous encomiums, apparently in love with the lie.

There have been homœopathic dispensaries in successful operation for many years in different parts of the city; the treatment has also been used with the best results in the Institution at the Five Points, and in the Home for the Friendless. All these institutions offer opportunities for obtaining a knowledge of homœopathy, which seem to have been studiously avoided by the old school. During the prevalence of the cholera in 1849, great exertions were made to obtain homœopathic hospitals for its treatment; the application was sneeringly rejected, although the cases publicly reported, showed the great superiority of the homœopathic treatment in that disease.

Petitions have been presented to the proper authorities at different times, numerously signed, asking for the admission of homœopathic treatment into the hospitals and public charitable institutions, which have uniformly been opposed and the object defeated by the old school. It is an entire mistake, if the public suppose that the allopaths understand homœopathy; they will not investigate the subject. That branch of the profession have undertaken to decide the questions at issue between them and the homœopathists without investigation, assuming to decide by reason, what can be known only by experience. We hazard the opinion that there is not a single member of the academy who could pass a respectable examination in homœopathy, for the very good reason that they do not understand it, and will not learn, and yet they condemn it and vilify those who practice it. When and where, and by whom has homœopathy been tried and proved to be worthless?

"First promulgated in 1796," seventy years ago, "it has steadily, though slowly advanced, encroaching everywhere, step by step upon the domains of allopathy, receding at no point, ever gaining new adherents in the profession and never losing one by relapse or retrocession."

It is asked with an air of superiority, "has not the academy the expression of the sense of the higher minded and better informed among us, placed them (the homœopathists) amongst the irregular practitioners of every grade, eschewed all professional fellowship with them, refused to consult with them, and excluded them from its body? as if the academy had any authority in the premises, or was any

better, or essentially different from other trades-unions, got up to promote the pecuniary interests and personal advantage of the associates.

If it shall appear that the members of the academy, instead of taking a bold, manly stand and opposing homœopathy and homœopathists in an honorable legal way, have chosen to imitate the conduct of those who get behind a shelter which they think will protect them, and call names, make faces and throw stones at opponents whom they dare not face in a fair field, their action will be of little consequence except to themselves.

The medical profession is not an aristocracy created for the benefit of a caste. It is a public necessity, and is regulated by laws made by the government to promote the efficiency of the profession and secure the public welfare.

The New York Academy of medicine is merely a voluntary association, having no power except over its own members, and no authority to confer or take away the license to practice medicine. There is no obligation resting upon any one to join it, and only the honor in being connected with it. Some of the old school physicians of high standing refuse to join it, and for good reason decline all connection with it.

But the county medical societies established many years ago, have authority conferred upon them by the people to grant the license to practice, and also, for cause, to procure its revocation. Every regular practicing physician is required by law to join the county society where he resides, and thus they are all brought under the authority and protection of the law. Some of the allopathists have arrogated to themselves the title of regular physicians, and so persistently called those who practice homœopathy irregular, that many are deceived, and suppose that in point of regularity they have an advantage over us. This is quite a mistake; on the contrary, we have quite an advantage over them.

By the definition of regular it may be seen that a regular physician is one initiated, brought into the profession according to established rules, forms or discipline. Regular refers to the manner of getting in; those who come in by the door are regular, those who climb up some other way are irregular. Every regular member is not necessarily and always a worthy member; but should he become intolerably bad, a disgrace to the body to which he belongs, it will be necessary for the credit of the body to take the legal steps to get rid of him. Regularity does not apply to practice, inasmuch as the law places all

methods of practice, past and present, at the discretion of the physician to whom it has given its diploma. In the old school, the greatest variety prevails; there is the heroic treatment and the expectant, bread pills and placebos, the hobby of the hour and the empirical expedient; some give larger doses than others dare give; some give none, and assert that medicine never cures. One says if the doctors would throw their physic into the sea it would be all the better for their patients but the worse for the fishes. Every one feels at liberty to try whatever may be recommended by others, or which he thinks may be useful. The teachings and the practice of the allopaths are various and discordant in different ages, countries and schools, and often in the same school at the same time.

Homœopathists are agreed on the law for the selection of the remedy, *similia similibus curantur;* like cures like. They agree in giving one simple remedy at a time, in the smallest dose sufficient to cure, and they agree in the necessity of learning the curative properties of drugs by provings upon the healthy. These principles furnish practical rules for the guidance of all homœopathists, and produce an essential uniformity. Homœopathists, therefore, are not only regular in their initiation into the profession, like the allopathists, but they have certain uniform general principles for their guidance in the discovery, selection and administration of remedies, which the allopathists have not.

At the time of the formation of the academy, I believe all the homœopathic physicians of the city were members of the county medical society, as were also the physicians who formed the academy. The county society has power to prosecute any member against whom specific charges are preferred of gross ignorance or misconduct in his profession, or of immoral conduct or habits; and if he is convicted he may be suspended for a time or expelled from the society, and declared forever incapable of practicing in this State. If the members of the academy believe what they say about the homœopathists, why did they not prefer charges against them and have them declared incapable of practicing? That they did not, is evidence that they do not believe their own assertions.

They hoped to succeed in putting down homœopathy by refusing to consult with homœopathists, over-awing the aspiring and dependent in their own ranks, threatening and refusing to graduate students who intended to practice homœopathy, and attempting to frighten the people by telling them that if they would employ pretenders

they must take the consequences of their folly, they would not help them.

The attempt to put down homœopathy by oppression, is an attack upon the right of the people to decide and choose for themselves in medicine, as in politics and religion. It is an evidence that those who attempt it are behind the age; they do not learn by the experience of the past. It can never permanently succeed under free institutions. An intelligent, free people will not submit to have any system of medicine imposed upon them by any authority short of the authority of truth. Mrs. Partington was a nice woman, and very handy with her broom, but somehow she never could sweep out the Atlantic ocean; and our allopathic brethren will find it up-hill work to put down homœopathy; the laws of nature are against them, and persecution only makes the matter worse for them.

In case of an invasion of the cholera, the people here in New York, with such reports as come to us from Europe of the comparative results of the treatment of cholera last year, as in Smyrna for example, deaths under allopathic sixty-five per cent, under homœopathic treatment, seven to eight per cent (and the reports are similar all over), will hardly consent to be dragged into hospitals to undergo allopathic drugging, as in 1849, under pretense that "homœopathy is looked upon as a species of empiricism, their medical advisers conceiving that the public authorities of our city would not consult either their own dignity or the public good, by lending the sanction of their name or influence to homœopathy or any other irregular mode of practice," which might reduce this dignified, regular rate of sixty-five per cent of deaths to a much less imposing number.

To secure the rights of homœopathists and the rights of the people generally, the government has placed homœopathy on the same legal foundation as allopathy; establishing homœopathic medical colleges and medical societies with the same authority and the same privileges as the allopathic. We, however, have a decided advantage over them, for we study and know what they know, holding to the maxim "*Fas est et ab hoste doceri*, it is well to learn even from an enemy," while they shut their eyes and exclaim "No, no *ne fas est*," and obstinately refuse to examine what is peculiar to us as not worth knowing.

The present hostile attitude of the profession is wholly due to them. For example, the anxious friends of a patient of mine, may wish to have the opinion of a member of the academy whom I am

willing to meet and treat with the courtesy due to a gentleman, and required by medical etiquette; but the academy will not permit him to behave like a gentleman in the matter; it sanctions his visiting and prescribing for my patient, without my knowledge, and while he knows that I am still in attendance, refusing to receive information essential to the patient's welfare, and intentionally violating common courtesy to insult me.

Not with any satisfaction, but with unfeigned sorrow do I rehearse the conduct of physicians, which I cannot but consider highly exceptionable. I would not judge unjustly, I will not speak unkindly, for the honor of the profession in which I have labored so many years is dear to me. To it I owe my life, saved on more than one critical occasion by its resources; and, especially to homœopathy, do I owe the last twenty-five years of almost uninterrupted health and activity, and above all, and better than all, by it I am enabled in my limited sphere, and in my humble way, to heal the sick, to relieve the sufferings of my fellow creatures, to go about doing good. I love my profession; I know from long experience in both systems that homœopathy is of unspeakable importance to mankind. I believe it is to be an important agent in working out the physical improvement of the race. I have no fears for the result. We have fought the battle of the Wilderness, we have flanked their position, and can afford to fight on this line until the enemy surrenders.

In reviewing the conduct of our allopathic brethren, let us remember that it is better to bear with them than to be like them, and work on in full faith of the good time to come, when they too shall see the light, and walk uprightly, in the acknowledgment and love of the truth.

The report of the special committees of the homœopathic medical societies of the metropolitan district, shows how homœopathy is opposed. Take, for example, the following extract:

The refusal of the sanitary committee of the board of health to grant a hospital to the homœopathists for the treatment of cholera, and the circumstances attending it, presents a case in which a proper regard for the truth involves the unpleasant duty of publicly exposing its opposite.

Apparently, as an answer to the statement of the special committees of the homœopathic medical societies of New York and Brooklyn, and as a justification of the course of the sanitary committee, at a public meeting of the board, the above anonymous communication

was read by the chairman of the committee and published with the transactions of the board. This paper demands a careful examination. It commences:

"We have heard a great deal lately from enthusiastic homœopathists about their wonderful success in the treatment of cholera. It is well to know what experienced and honest physicians of the same school think upon this subject."

Bating the insinuation that "experienced and honest physicians of the same school" will be found to think quite differently from their enthusiastic brethren here, this is very well. In the presence of a disease which carries off more than fifty per cent of all the cases treated in the usual way, it is well that the public should know, and that the sanitary committee should heed, what honest and experienced physicians of the homœopathic school think upon this subject. Any attempt to distort facts and pervert opinions in relation to it is inexcusable. Prejudice and ignorance should give place to candor and truth.

Let the public judge of the candor, intelligence, and honesty with which the claims of homœopathy are treated by men from whom we have a right to demand justice. It is proper to remark that it is especially the relative success of the homœopathic treatment in comparison with other methods that we claim. To prove that such a claim is not sustained by what experienced and honest physicians of the same school think upon this subject is the object of the paper read. It goes on with an appearance of great accuracy: "In the *British Journal of Homœopathy*, vol. 7, p. 177, we read: 'We cannot help deprecating the boastful tone we so often hear assumed by homœopathists on this subject. It argues a singular callousness of feeling in any one who has had much experience in this disease, not to be penetrated with a profound sense of the comparative impotence of the homœopathic art in arresting or greatly modifying this terrible plague.'" This quotation unmistakably condemns homœopathy. It purports to be given in the words of the author, without omission or change. It touches the heart of the question, *apparently*, the comparative impotency of the homœopathic art in cholera; that is, its impotence compared with allopathic treatment. Whereas, immediately after speaking of the boastful tone, etc., the author says: "That our success is greater, much greater than that of our allopathic colleagues, we have no doubt whatever; and this statement is confirmed by our statistical returns." Why was this explicit opinion,

confirmed by statistical returns, of the greater, much greater, success of homœopathists omitted?

The author continues: "Still, that is saying very little, and it *would argue* a singular callousness of feeling in any one who has had much experience in the disease, at all events as it appeared among us, not to be penetrated with a profound sense of the impotence of *our art* in arresting or greatly modifying this terrible plague. Surely, the presence-chamber of the King of terrors is the last place for man to boast." The author says: "*The impotence of our art*," *the medical art.* Why was this changed to homœopathic art? If quotations may be thus garbled and the language changed, what author or what truth is safe?

The next quotation is garbled in the same way, and with the same design. "In vol. 13, p. 329, we learn that Dr. Gerstel reported to an allopathic Austrian medical society, that he had treated three hundred cases of cholera of a most inveterate character, with a loss of only thirty-two. A proposal was made to him to practice under the *observation* of the district superintendent, Dr. Nushard, in order to establish satisfactorily the success of homœopathic treatment. 'An offer which I declined,' says Dr. Gerstel. The reason for this may be found on page 331, where Dr. Gerstel continues: 'Although I had many cases of choleraic diseases under my treatment during the epidemic, I had not any of real cholera.'" The meaning intended to be conveyed by this language is obvious. Dr. Gerstel reported great success in the treatment of cholera; in consequence of this, a proposal was made to him to practice under the observation of Dr. Nushard, to test the success of his treatment. This proposal Dr. Gerstel declined, because he had not treated any case of real cholera, and was afraid to meet the trial. The quotation is made from the following narrative:

"In 1819, homœopathy was prohibited in Austria by a decree of the chancellor's court. In 1831, cholera was successfully treated by homœopathists in Austria; and Dr. Gerstel, in less than three months, treated near three hundred cases in different villages in which it had shown itself of a most inveterate character. The results, most of them officially certified, showed only thirty-two deaths; and Dr. Gerstel's petition, that a portion of the hospital should be placed under homœopathic treatment, elicited considerable discussion in the faculty. Owing to a breach of etiquette, Dr. Gerstel says, neglecting to pay a visit at the right time to a person of importance, his

petition was unattended with any result. 'A proposal was made to me to practice *under the control* of a district superintendent, Dr. Nushard, in order to establish proofs of the success of the homœopathic treatment, an offer which I declined.' In this account it is not said that Dr. Gerstel reported his success to the medical society. But it is said that cholera was successfully treated by homœopathists. That Dr. Gerstel treated near three hundred cases, and that the results, most of them officially certified, showed only thirty-two deaths; that Dr. Gerstel's petition, that a portion of the hospital should be placed under homœopathic treatment, was unattended with any result; and that the proposal which he declined was not to practice *under the observation*, but *under the control* of Dr. Nushard. Dr. Gerstel was desirous of practicing under the observation of his allopathic brethren, and had asked permission to do so; but the proposal made to him to practice under the control of an allopathist, under the circumstances, was an insult, and he did not think it necessary to give any reason for declining it. It is just the difficulty between us and the sanitary committee now; we wish to practice under the *observation of allopathists*, that they may see and learn our treatment and its results. They require us to practice under the *control of allopathists*, that our success may be prevented. We respectfully decline to go in on such terms.

The narrative continues: "In 1830, Dr. Gerstel says, the cholera epidemic was of still greater benefit to homœopathy. It raged with violence in Vienna; the prohibition of 1819 still hung over us Austrians; the allopathic physicians were, as formerly, still groping in the dark. Dr. Fleischmann, who had met with such success in Gumpendorf, was commissioned to lay before the court a report upon the cholera, and the best mode of treatment, in accordance with his experience. The immediate result obtained was the removal of the prohibition to practice homœopathy in Austria, in 1837. About the year 1842, the College of Physicians of Vienna held informal meetings for the discussion of any subject that might be brought before them. Dr. Gerstel determined to introduce the subject of homœopathy, which he thought would be well received by the younger members of the profession, as it had been so successful in the treatment of cholera. And he says: "Although I had many cases of choleraic disease under treatment during the epidemic, I had not any of real cholera; still I could not allow the opportunity to pass of fulfilling my intention,'" etc.

This last remark of Dr. Gerstel, made in relation to the epidemic of 1842, and showing that he carefully distinguished between the choleraic disease and real cholera, is garbled to suit the purpose, and made to read: "*I had not any of real cholera*," instead of "*during the epidemic* I had not had any of real cholera"—torn from the context and applied to the epidemic of 1831, to contradict the report of Dr. Gerstel's success, and given as the reason why he declined the proposal to practice under the control of Dr. Nushard, made eleven years before this occurred. All the dates necessary to the right understanding of the subject are carefully excluded, and the great success of homœopathy in the epidemic of 1836, the *report* which Dr. Fleischmann *was commissioned to lay before the court*, and the consequent *removal of the prohibition*, in 1837, to practice homœopathy in Austria, are ignored.

The next quotation, where Dr. Sten is censured for putting the homœopathic mortality in cholera so low as eight and a half per cent, is almost correctly quoted. The old design to give a false impression, appears in the following: "In vol. 12, p. 698, we read: We are sorry to learn that the cholera has, in Dr. Tessier's wards, shown so malignant a type." These results were so bad that Dr. Tessier "has never published them." In a short paragraph, speaking of Dr. Tessier's services in the Hospital Beaujon, it is said: "We are sorry to learn that the cholera has, in his wards, as well as in the other hospitals in Paris, shown so malignant a type. One great cause for the increased mortality in all the hospitals, as compared with the last epidemic, is the decidedly contagious character the disease has manifested. It thus spreads from bed to bed, and attacks patients already suffering from serious diseases." There was no especial malignancy in Dr. Tessier's wards, as the writer would represent, and the great mortality is accounted for.

"In order to prove that Dr. Tessier has every advantage," says this paper, "we quote from page 693," and goes on to quote the arrangements in the Hospital St. Marguerite, although the malignant cholera spoken of appeared in his wards in the Hospital Beaujon. This only shows how everything is perverted to the one purpose of maligning homœopathy.

The paper proceeds: "Dr. Tessier subsequently published a treatise on cholera, reprinted by Ruddle (Radde), of New York. On page 102 we read: "Homœopathy seems comparatively powerless in the severer forms of cholera. The cures under this treatment are

generally cases of diarrhœa and simple cholera; the number of deaths generally corresponds to the number of cases of algid and ataxic cholera. During the epidemic of 1849, I (Dr. Tessier) only saw one case of either of these forms recover; hence I resorted to the regular treatment, after the conviction that the homœopathic was inefficient except in very few cases." Whether this quotation gives the opinion of Dr. Tessier, or is garbled purposely to misrepresent it, may be learned by consulting the work, where Dr. Tessier says, page 102: "This method (the homœopathic) is brilliantly successful in cholerine and simple cholera." Page 203: "In those forms of cholera where medical treatment seems to have at all any effect, the Hahnemannian is preferable to the ordinary methods, and is both more scientific and more efficacious." Page 106: "As regards the black or ataxic cholera, I am sorry to say that I cannot propose any effective mode of treatment." Page 107: "Hahnemann's method has seemed to me more efficacious than any of the other methods of treatment. Under the Hahnemannian method about one-tenth recovered more than under any other. Hahnemann's method enables us to establish the therapeutic indications and the mode of treatment in cholera upon a scientific basis. Tessier speaks of resorting to the regular treatment in cases of algid and ataxic cholera, but he says the most powerful allopathic treatment was equally inefficient. He thinks the remedy for these incurable cases of cholera should be looked for, and may yet be found in the homœopathic method.

Thus, we think, it is conclusively shown that there is a deliberate attempt to conceal the opinions of the writers quoted, and instead, to palm off opinions directly opposed to theirs. The chairman of the sanitary committee described the paper "as being an epitome of various eminent homœopathists' opinions. The document he had read came from highly educated physicians." We do not object to the witnesses cited by the committee; we only insist that their testimony shall be received as it was actually given, and not as it is garbled and forged for the occasion; and we hold that the committee are bound to the conclusions fairly proved by their own witnesses. In justice to the "eminent homœpathists," and the "highly educated physicians," from whom it purports to come, we brand the document a forgery. Coming before the public with a quasi indorsement by the sanitary committee, it becomes a duty to expose its true character.

It presents an example of the honesty and intelligence, shall we

say, or of the ignorance and malice, with which homœopathy is opposed. Persons whose predjudices are stronger than their judgment, are ready to believe what they wish to be true. It is not creditable to the sanitary committee, who officially boast of their knowledge of homœopathy, and who are expected to be well informed on such subjects, that they were taken by this paper, while the non-medical members of the board rejected it.

Judge Bosworth protested against basing any action of the board upon it, and spoke of it as attacking both the homœopathic practice as a system, and the homœopathic physicians as a class. President Shultz regarded the communication as a mere bundle of opinions, collated by an allopathist, to show that, in acute cholera, homœopathy is impotent. He desired to kick the document out.

On another point, also, we are indebted to the good sense and correct judgment of the non-medical members of the board. Judge Bosworth charged the sanitary committee that they had refused the homœopathists a separate hospital wherein they might treat cholera in their own way, and had offered them a chance to practice only on conditions which no homœopathist could accept. We leave the subject, commending to whom it may concern the divine command: "Thou shalt not bear false witness against thy neighbor."

What the homœopathists think on this subject may be known from the following resolutions adopted by the Homœopathic Medical Society of the county of New York:

Whereas, This society has heard with surprise and indignation the statement of Professor Willard Parker, M. D., at the recent meeting of the Allopathic State Medical Society, as reported in the daily papers, in defense of the course pursued by the Metropolitan Health Board (of which he is a member) toward the homœopathic physicians of this sanitary district; statements so entirely at variance with the facts, and calculated, if uncontradicted, to injure the homœopathic fraternity in the public estimation, that this society feels called upon emphatically to declare those statements to be without foundation and to place the stamp of reprobation on the attempt to extenuate the exclusiveness, favoritism and injustice of the Board of Heath; therefore.

Resolved, That the assertion of Professor Parker, to the effect that the Metropoliton Health Board had offered fair and reasonable concession to the homœopathists who offered their services in the treatment of cholera; and especially, that they, the homœopathists had been challenged to a fair trial of their treatment in genuine cases of cholera, from which challenge they are asserted to have ignobly shrank, are utterly untrue; that on the contrary, the urgent and persistent appeals made by them through various societies and com-

mittees and by memorials, petitions and personal applications, to have the charge of even one of the six proposed hospitals (subject of course to the inspection at all times of the Board of Health) were discourteously refused; and that the meagre concession of a few beds in the Five Points and Battery Hospitals, which was finally granted, was coupled with such conditions, restrictions and imputations, as necessarily to preclude its acceptance, as has been fairly set forth and published in the report of the cholera committee of this society, in August, 1866.

Resolved, That the homœopathic physicians of this city and district, having enjoyed in a large degree the confidence and patronage of the wealthy and intelligent portion of the community, stand ready, as they have done from the first, to take their full share of responsibility in the care and treatment of the sick poor; that they desire only a fair opportunity, under the strictest supervision, in the public hospitals or elsewhere, to demonstrate the relative advantage of their method in the cholera or any other epidemic; but that they will never consent to intrust the preparation and administration of their prescriptions and other details of treatment to those whose uniform conduct toward them has been characterized by opposition, unfairness and discourtesy.

Resolved, That the persistent falsifying of facts in regard to homœopathy and homœopathists, and the indorsement and circulation by the sanitary committee of garbled and forged extracts from the writings of homœopathic physicians, misrepresenting their statements and opinions, is a prostitution of official station and influence to partisan purposes which calls for public rebuke.

Resolved, That a copy of these resolutions be sent to the Governor of the State, Lieutenant-Governor, and Speaker of the House, and President of the Board of Health.

GEO. E. BELCHER, M. D., *President.*

Henry M. Smith, M. D., *Secretary.*
New York, *March* 13, 1867.

At the meeting of the Board of Health, as reported in the "*World*" of the 5th inst., Judge Bosworth said: "That paper states that the sanitary committee had made garbled and false extracts from homœopathic works. If the gentleman making the charges would refer to the books and give the quotations as they say they are, so that the board could see that they were garbled and false, then he would be in favor of filing such a communication, but he was opposed to putting on file a paper like that presented."

Dr. Stone (excitedly): "I tell you that every word that was in the report of the sanitary committee came from homœopathic writers in the form in which it was presented in them; and what is more, Dr. —— publishes a book on cholera and quotes the very

authors. The homœopathic authors *themselves* deny that homœopathy is useful at all in the 'cold' stages of cholera."

This is not true. With all due respect to the honorable chairman of the sanitary committee of the Board of Health, I affirm that the quotations in question are garbled and false, and that the homœopathic authors themselves do not deny that homœopathy is useful at all in the cold stages of cholera.

This is a simple question of fact, easily settled by any one who will take the trouble to refer to the passages cited. And it is a perfect demonstration of the sad fact that the most confident assertions of honored and honorable allopathists in relation to homœopathy are utterly unreliable because they will not take the trouble to examine.

The very first passage quoted reads thus:

CORRECT.

British Journal of Homœopathy, Vol. 7, page 177.

"We cannot help deprecating the boastful tone we so often hear assumed by homœopathists on this subject. That our success is greater, much greater than that of our allopathic colleagues, we have no doubt whatever; and this statement is confirmed by our statistical returns. Still that is saying very little, and it would argue a singular callousness of feeling in any one who has had much experience in the disease, at all events as it appeared among us, not to be penetrated with a profound sense of the impotence of our art in arresting or greatly modifying this terrible plague. Surely the presence-chamber of the King of terrors is the last place for man to boast."

GARBLED.

"In the *British Journal of Homœopathy*, Vol. 7, p. 177 we read:

"We cannot help deprecating the boastful tone we so often hear assumed by homœopathists on this subject. It *argues* a singular callousness of feeling in any one who has had much experience in the disease, not to be penetrated with a profound sense of the *comparative* impotance of the *homœopathic* art in arresting or greatly modifying this terrible plague."

Dr. Stearns' address was reviewed in the homœopathic journals, and the following reply to his remarks was published in the *New York Evening Post*, March 16, 1847:

The *New York Commercial Advertiser* of the 8th inst., contains a notice of "Dr. Stearns' inaugural address before the New York Aca-

demy of Medicine, published by order of the academy," and pronounces it "a manly and sensible performance." An extract is given to "show the estimate placed by the venerable president of our academy upon homœopathy, upon which he speaks with all the vigor and vivacity of his youth."

The estimate thus publicly placed by the venerable president of "our academy" upon homœopathy, sanctioned by the academy, commended and circulated by a respectable journal, becomes from these circumstances an interesting document. I shall therefore endeavor to give it a respectful consideration, which, under other circumstances, would be unnecessary.

The venerable president cannot believe the doctrines taught by Hahnemann, because they are contrary to reason. He says "reason teaches me that the power of any remedial agent essentially depends on the number of grains, ounces or pounds, of which that agent consists." As I cannot understand this statement in any sense which makes it true, I must be permitted to ask for an explanation of its meaning. If by power is meant the capability of acting upon the animal organism, irrespective of the kind of effect produced, whether salutary or injurious, the statement is not true; for in this respect it is well known that quality is more essential than quantity. The inherent quality of prussic acid and its relation to the animal economy, makes an ounce of prussic acid vastly more powerful than an ounce of castor oil, although the quantities are equal.

If by "the power of a remedial agent" its remedial power is intended, the statement is not true; for it is well known that discretion and sound judgment are required in adapting the dose to the peculiarities of the case. Half a drop of prussic acid may be remedial, when an ounce would instantly destroy life. So of the most common drugs; it is not true that their remedial power is increased in a direct proportion to the increased "number of grains, ounces or pounds" taken; small doses may cure the patient when ounces or pounds of the same drug would inevitably cause his death. The subject of doses is an important one, and I would respectfully inquire whether the academy intended by the above proposition of their venerable president, to prescribe the limits of doses, putting the minimum at a grain, the medium at one or two ounces, and the maximum of a "regular" dose at one or two pounds. It is to be regretted that the academy seems to have adopted the views of Dr. Brandreth on this subject, as set forth in advertising Brandreth's pills. He says:

"If one pill does good, two pills will do more good; the more pills you take the more good they will do you; if anybody is not cured by taking these pills it is because they have not taken enough of them; which being generalized and translated into the scientific language of our academy, becomes this identical proposition: The power of any remedial agent essentially depends on the number of grains, ounces or pounds of what that agent consists."

I am happy to assure the public that the practice of intelligent physicians, of whatever school, is not so bad as might be inferred from this statement of a fundamental principle. Experience teaches them the danger of being governed by any such theoretical speculations, and they are themselves ready to admit that many a poor patient gets cured to death by over-dosing. "*Nellum remedium nisi quod tempestivo usu fiat*,"—there is no remedy except that which becomes so by reasonable use—is a received medical maxim.

The illustration given in the relative effects of a large or small quantity of gunpowder, steam, and all other agents of similar power, which the doctor cites as very analogous, shows a total want of discrimination between remedial and destructive power. The rifleman, who, with unerring aim hits the mark, is careful to select powder of the particular quality suited to his rifle, and learns by experience the quantity necessary to propel the ball the required distance with the requisite force. A person ignorant of these necessary precautions, and intent only upon increasing the power, might load to the muzzle, burst the gun, "and produce great destruction of human life," and might be considered a "dead shot," but not a good marksman.

The ignoramus, usurping the place of the engineer, may fasten down the safety valves and put on steam with all zeal in the expectation of making a quick passage; and the academy, if they look to the amount of power as the only thing requisite to a safe voyage, may embark, but I would kindly warn them not to go in that boat; experience has shown that there is great danger in such a course. I fear they will burst their boiler.

Hahnemann has never forbidden "his pupils to reason or theorize on his principles," and never has asserted any such nonsense as Dr. Stearns attributes to him. Believing, with undoubting faith, that the benevolent Creator has wisely arranged the laws of nature, with a humility characteristic of true greatness, he has felt it to be his province, by the careful observation of facts, to inquire what is the natural constitution of things, rather than to attempt, by any effort

of mere reason, to determine what it ought to be. In this good work he labored with untiring zeal, and his labors were rewarded with glorious success.

And now I would ask Dr. Stearns and the academy, what right have you to accuse Hahnemann of an "express purpose to practice deception and imposition upon the credulity and prejudices of the community?" What reason have you to assert that "poisons and narcotics constitute the corner-stone of the homœopathic edifice?" Dare you assert that homœopathists use greater quantities, or more concentrated and dangerous forms of poisonous and narcotic substances, than allopathists use? Dare you even pretend that we use them in as concentrated forms as they are habitually used by you? What reason have you to assert that "the alleviation of pain by narcotics gives to their (homœopathic) practice all its popularity?" That homœopathy is popular, and that our practice alleviates pain and cures the patient, is true. Your testimony to this point is good; but the assertion that the alleviation of pain is procured by narcotics is false, and I challenge you to the proof. How dare you assert that if a man attempts to practice upon the principles of homœopathy "he must possess a most depraved moral faculty?" Do you know that homœopathic practice impairs health, destroys life, and must necessarily impair the usefulness of the clergy as guides to eternal happiness, if they patronize it? What has constituted you defenders of the faith and guardians of "our holy religion," with authority to school the clergy in the discharge of their peculiar professional duties? This high-handed attempt to overawe the clergy and all religious men; to defame and ostracise homœopathic practitioners; looks more like a conspiracy to destroy the reputation of successful rivals, than like an honest, honorable effort to promote the truth. I deny your premises, I deny your conclusions, and I call for your proofs.

VIII.

Valedictory Address before the Medical Class of the New Homœopathic Medical College, March 2, 1869.

By F. W. HUNT, M. D.

I have been directed by the authorities of The New York Medical College, to say to the medical class, that our meetings for the present must terminate this evening.

In view of the relations with you, they have been pleasant and satisfactory. Our many meetings have all been gladdened by the evidence that we have had continually before us, of your cheerful devotion to laborious study. And our parting this evening must only fix in our minds one more of those sunny memories to which we may turn for consolation in the trial hours of the future which await us all.

We have noticed your patience and fortitude in the pursuit of knowledge under such difficulties, as all aspiring students are often obliged to meet; and we have remembered that the qualities you have displayed are the only ones that ever lead to true and high success. We close the present session without unnecessary formality or expenditure of time, as we are reminded by the impatience of every one here, that not much now remains to be said, and that we have not much time left to say it in.

Among the subjects already talked over among us, there are many upon which we are beginning to understand each other. If some questions yet remain unsettled, they must pass over to another session, when they will fall into the hands of the "committee on unfinished business." If any new proposition could be entertained now it must necessarily be one that may be passed unanimously and without debate.

There are some points upon which, I suppose, you are all agreed. We have often had expressions of opinion from you on other themes. I may venture to suggest for your present consideration one sentiment:

> "How beautiful is *home!* The wanderer sees,
> Returning from afar, the village spire,
> And the ancestral roof, whose aged trees
> Shelter, perchance, wife, mother, child, and sire."

You have known long ago the beauty and the value and the power of

> "Home, and its gratulations and the ties
> That Heaven has twisted round congenial hearts
> To draw them to itself."

And this truth also I think you all understand:

> "Tis love alone that gives to home its bliss,
> Transfiguring common dust with light divine:
> Love plants its Eden in the wilderness,
> Lights Heaven's own flame to gild the darksome time;
> In saddest breast, like diamond in a mine,
> Burns quenchlessly; and through life's inner night,
> An orb of fairest grace and strength sublime,
> Pure as sweet Hesper, set on Tempe's height,
> Streams, prophesying Heaven, the land of love's delight."

A former Governor * of this State said in one of his messages that society had good use for a class or body of educated men who were qualified to be "not only the conservators of health, but the missionaries of science." Since that time large numbers of men have been trained for such a mission in the world: many medical schools have been established and maintained. They have taught what they knew and believed in with sufficient faithfulness and ability. Had they believed in all that is really true, and been willing to teach it all without reserve, there might have been no positive necessity for the establishment of any new schools. But inasmuch as the schools of the middle ages, as they exist in the nineteenth century, decline to teach some truths which fair and careful experiments, have demonstrated to be worth knowing it has been thought necessary to establish other schools which shall fearlessly teach whatever can be proved to be true.

Lord Nelson said, when he gave orders to pursue the French fleet, "where there is room for a French ship to swing, there is room for an English ship to anchor." The founders of the homœopathic colleges have said, "where there is room for a college devoted to teaching the doctrines of the oldest school of the straightest sect, omitting some important truth that is a truth, there is room for a college pledged to the dissemination of the truth, the whole truth and nothing but the truth." On this basis, and on this principle rest every homœopathic college in the United States, and every homœopathic practitioner in the world.

* De Witt Clinton.

It is now a little more than seven hundred years since the degree of Doctor of Medicine was first conferred in Europe, at the old Etruscan city of Bologne. How many have received it since, and how worthily they have all borne its honors, I will not now try to answer.

In America, medical education was confined to those great commercial cities, New York and Philadelphia. In the latter city, Wistar and Shippen, and Rush, were teaching, not in a college, but in private houses, seventy-seven years ago. These men spoke and wrote as well as they knew. When they and their successors became acquainted with new discoveries in medicine, they adopted them, *nearly* all. Samuel Hahnemann, in Germany, made one discovery which they did not comprehend. Too many of those who heard of it, thought it too good to be true, and they committed themselves against it; then like the proud men, they could not go back. They could not study the lesson which the German reformer wished to teach them; they could not teach what they knew nothing of. They treated their students and the people as the interpreter treated the Indian chief, about twenty years ago, on the plains of western Texas. When Captain Marcy tried to instruct the chief in the benefits of civilization, the interpreter at first translated every word for his master, who listened respectfully to all. When the officer came to explain the electric telegraph, then the newest and greatest discovery, the interpreter hesitated, "Why do you not go on?" "I think," said the interpreter, "I will not tell him about that, for to tell you the truth, Captain, I do not believe that story myself."

In just this attitude of doubt and hesitation have teachers of medicine stood since the end of the last century. In the course of the present century, many became convinced that the reform commenced by Hahnemann, was one of immense importance; they adopted his method and proved its value by their success. After waiting forty years for the teachers of the old schools to study and understand and commence teaching the truths contained in the elementary books that Hahnemann had written, these men saw that the improved method of curing disease was nowhere as yet taught in existing colleges. Then some of you, * just before the mid-day of the nineteenth century, founded the Homœopathic Medical College of Pennsylvania. You have now several other homœopathic colleges,

* To one of the faculty present.

and each of them sends forth its annual reinforcements to strengthen the grand army of reform in all the American States and in every republic and kingdom of the world.

And now, gentlemen of the graduating class: The authorities of this college have decided to confer upon you who have filled the prescribed course of study, and passed the required examinations, the degree of doctor of medicine, with all its rights and privileges and immunities; but, also, with all its responsibilities. And, as the military men say in their commissions, "you will take rank from the date hereof." The responsibility involved in this act we have carefully considered; and we must believe that you, on your part, can not regard with indifference the obligations you in this hour take upon you. You enter the portals of a profession which has indeed room for men of many grades of talent and acquirement; the experiences and trials of other days will assign to each one his relative position.

It was the advice of the first emperor of the French that every man should "avoid being an insignificant man." He contemplated a classification of medical men, not at the beginning of their professional life, but at a later time when they had shown what they could do. He would then divide them into three grand divisions: In the first class he would place all the men who were distinguished beyond their own neighborhood; the second division should embrace all who were distinguished in their own neighborhood; and in the third class were to be arranged all who were not distinguished anywhere. This plan for recognizing the profession was interfered with by some adverse circumstances (such as Waterloo and St. Helena), and was never carried out by him. I am now, however, officially authorized to say, that this same system of distributing honors and rewards, is just now in process of accomplishment in the name and authority of another power which I think you have heard of under the name of *Vox Populi*. That is the power that stands behind all earthly thrones, and is greater than the thrones themselves individually or collectively.

The desire which you all feel to win the respectful consideration of this autocrat of all the republics is a reasonable one. Public sentiment may not always do speedy justice, but it is certain to come right ultimately; and we do not ask you to repress the aspiration of honorable ambition; we do not ask you

> "To live unknown, unnoticed, unrenowned, to die unpraised,
> To go down to the grave and mingle into dust among vile worms!
> Such thought is cold about the heart and chills the blood."

Such destiny you will avoid. Of the most certain means of obtaining popular favor we know more than we have time to speak of now. Genius is the first love of the youthful student; but the battle is more frequently won by the industrious than by either the swift or strong. Genius forever deludes those who trust to it. Isaac Newton, who made discoveries so grand that it took the universities one hundred years to find teachers and professors who were qualified even to read his works, relied not upon genius but upon laborious, patient thought. He "kept the subject of investigation constantly before him, and never abandoned the object in view until it opened into a clear and permanent light." Another said he had discovered attention to be the very soul of genius. The power of fixing the attention is the very philosopher's stone that turns everything it touches into gold. Sir Samuel Romilly said he never could attain to this faculty. When he was asked to perform some laborious researches he said he had no time for such things, and he did not see how anybody else had; "but," said he, "I advise you to take it to that man Henry Brougham; he always finds time for everything." Romilly did not like hard work, and he committed suicide to get rid of it.

That power of finding time for everything is a wonderful thing indeed. The way to acquire it is to come very near to knowing everything.

I would be sorry to place the mark for your ambition so high that in aiming at it you must miss, not only this mark but everything else; and there is some foundation for the opinion that if a professional artist should confine himself to a limited range of duties he may acquire peculiar skill in doing just that one thing well. But it is also true that the physician who restricts his studies to a few segments of that grand cyclopedial circle of sciences which constitute his peculiar domain, may tread that short and narrow path into dust, but he will never thoroughly understand the fragments of truth which he treads beneath his feet. The youth in the evening school who lost a desirable situation by failing to work a difficult sum in vulgar fractions, said he would do nothing but study that one rule till he should master its profoundest depths. But now he says he could never get the hang of that *one rule* until he had mastered almost everything else.

When the poet Imlac was endeavoring to teach the prince of the Happy Valley the means of becoming a poet, they soon found that the number of acquisitions needed would surpass all the prince had

ever thought of. At the end of the first chapter he declared that he could not bear to hear any more, as he was already convinced "that no human being could ever be a poet." The prince was very near right, and poets have generally failed to come up to even Imlac's ideal, which indeed was none of the highest.

Men of all other professions have been, generally, sad failures. If many causes have conspired to restrict their influence on human society, here is one from which every one has suffered.

They have been generally, if strong in anything, strong in one department only. In some particular field many men have influence, but their ignorance of the next essential branch exposes the onesidedness of their overestimated claims. Each man who would instruct or lead the people, in anything, must come in contact with them in many distinct and distant fields; and the people come at last to look oftenest for counsel to the unpretentious adviser who has already been found true and strong on many occasions of trial, and in proportion of the number of mental and moral tests he has already triumphantly encountered. The professional man who knows only the details of one profession, is sure to fail in scenes which test the wisdom of many teachers in a single hour. But I will not here enumerate instances of this precise character. Let me mention one or two somewhat different:

Dr. John W. Francis, lately well known to all here, thus referred in public to a distinguished theologian of this city, the Rev. John M. Mason, who preached in Cedar street church (now the post-office) when President Washington occupied the White House of that day (though it was not very white), at the corner of Cherry and Pearl streets. This venerable divine, founder of the theological seminary, who in his funeral oration over the dead statesman, General Hamilton, gave the first deadly stroke at the then prevalent practice of duelling, was president of Columbia College and later of Dickinson College, Pennsylvania. Of this man, as he was in the day when he had reached the meridian of his fame, Dr. Francis thus speaks:

"This unrivaled preacher of this country, in days past, traveled abroad and made extensive journeys through Great Britain. On one occasion, I asked him why he did not give to the public the benefit of his observations, in publishing them. 'Alas! he replied, what sort of travels can I write? I can neither understand the nature of the air I breathe, nor the water I drink, nor the earth I tread on. My life has been devoted to polemical divinity!' 'The frankness of

this answer,' said Dr. Francis, 'was characteristic of this honest and great man, who long bore the name of the Saint Paul of America.'"

The high rank of the theologian when true to his mission, we shall never call in question, but we may still say, that the profound problems of the human soul, present perpetual questions of perplexity to the mind of the teacher, who has learned little or nothing of the structure of the human body.

One who has reached a high position in his chosen sphere of study, and was distinguished as a classical and eloquent scholar in this city, acknowledged that the relation of the human soul to its material body at once carried him beyond his depth. He thus expressed his estimate of the difficulties he encountered here, "the intellectual life, struggling with its earthly load, coming it knows not whence, and going it knows not whither, with an eternity unimaginable behind it, with an eternity to be experienced before it; with its strange and mystic remembrances, now exploring its past years as if they were periods before the flood, and then gathering them up within a space as brief and unsubstantial as if they were dreams of a day, with all its dark and its bright visions of hope and fear; such a life is full of mysteries." Now, this is indeed true, and more is said that is equally striking and worthy of notice. It is said further, that:

"The bare connection between mind and matter is in itself a mystery. The extremes of creation are here brought together; its most opposite and incongruous elements are blended, not only in perfect harmony, but in the most intimate sympathy. Celestial life and light mingle and sympathize with dark dull senseless matter. The boundless thought has its bodily organs. That which in a moment glances through the immeasurable hosts of heaven hath its abode within the narrow bounds of nerves and limbs and senses. The clay beneath our feet is built up into a palace for the soul. The sordid dust we tread upon, forms into the mystic frame of our humanity the dwelling place of high reasoning thoughts, fashions the chamber of imagery, and moulds the heart that beats with every lofty and generous affection. Yes, the feeling that soars to Heaven, the virtue that is to win the heavenly crown flows in the life-blood that, in itself, is as senseless as the soil from which it derives its nourishment."

Here, also, we have much that is beautiful and true; and yet the orator aims at making out a case discouraging to the votary of scientific research. There are indeed mysteries in human nature both physical and spiritual. The depth in the well of truth at

which nature's profoundest mysteries are buried may not be positively known; but we prefer to have estimates by an explorer who has made his best efforts to reach it. If nothing is known or can be known we must surrender all our claims to any knowledge of ourselves. We are again sorrowfully told:

"The simplest plant of earth is an organized and living mystery. The secrets of the abyss, and the goings on of the heavens are not more incomprehensible than its growth as it waves in the breeze. That which constitutes its life, who can tell what it is?"

"The ground is not a dull, cold, paved soil on which the footsteps of the weary and busy are hastening; nor a mere arena where the war of competition is waged; but we tread upon enchanted ground."

Yes; we do. But we must study the physical world which reaches far above us and beneath us, and the metaphysical world which wraps more closely around us than the air we breathe.

The great problem of human existence, if not yet solved, advances towards its ultimate solution; and instead of our finding the laws which govern the human organism more difficult to understand, we find them more and more simple and intelligible. Many wonderful discoveries have been already made, so many that some fear that nothing remains to be discovered. If Alexander of Macedon, thought the world too small for him; if it was indeed true, that:

> "One world sufficed not Alexander's mind,
> Cooped up he seemed, on sea and earth confined,
> And, struggling, stretched his restless limbs, about
> This narrow world to find a passage out,"

no one here need fear that nothing remains for him to do. All that has been learned only renders it more easy for you to comprehend all that is yet known, and to crown that knowledge with some stupendous discovery which shall enable you to cut out from the mysterious problem of human life some of the gordian knots which, hitherto, none of us have ever hoped to see untied.

You will not, then, complain that we ask too much of you, if we propose that you persist in the effort to make yourselves acquainted with the laws that govern the material and mental universe. It requires some labor to study the rolling planets and the distant suns. But we will excuse you from the greater task of trying to comprehend the Ptolemaic system of astronomy, and from all that was ever learned or thought of or guessed at in ancient astrology. You must keep up your study of chemistry; but we will strike out from your

programme all the bewildering theories and recipes of the alchemists, and just about all that was known to the wisest of chemists and apothecaries a century ago, with much that has been taught since.

Hahnemann's *Materia Medica Pura* is, we acknowledge, a tremendous class-book; and we have seen both younger and older men than you who grow weary in trying to remember its interminable array of facts; and the many additional provings made by other men, have tried the faith and fortitude of many more. But we hope there is heroism enough among you to encounter such trials as these.

A French naturalist (De Saussure), who had already crossed the Alps by fourteen different routes, was at last arrested by the towering height of Mont Blanc. He thought if he could ascend that one pinnacle more he would be ready to die. He gazed upon the snow-crowned summit

> "Where winter howls along the northern blast
> And bids the mountains he has built stand fast,"

till the glare of the reflected sunshine from the dazzling glaciers filled his eyes with tears. At length the representative of modern science thought he saw the mountain defying him with an audacity that had never been surpassed since the youthful David saw the Philistine giant defying the armies of Israel. He felt that science must not be defeated; and, no matter for mountain storms, drifting snows, icy precipices or falling glaciers, the summit must be reached. He makes the attempt, he struggles with many obstacles; but one by one he overcomes them all, till he stands upon the highest point of earth or rock in Europe, heaved up by subterranean volcanic power, a long time ago, before the dinotherium, the mammoth, or the elephant appeared upon our planet.

Such are the heroic explorers who are needed to encounter the higher mountain realms of study, where some grand discoveries remain to be made. Among those already known, some need to be reasserted and more universally understood.

I. Let us have the doctrine of the dynamization of remedies and the dynamic or mechanical theory of heat, light, electricity and magnetism reduced to that degree of simplicity and clearness of which they are capable.

The power of *attenuated* remedies to cure diseases which the same remedies in a crude form and in a large dose would not cure, is the greatest stumbling-block that was ever laid in the path of modern

materialistic philosophers. They will never comprehend the possibility of curing disease under the homœopathic law of cure, until they shall have studied that law in the light of the modern doctrine of the *correlation of forces.* The law of *similia* and the highest teachings of modern science, are only pearls which should be arranged upon one string; and then it will be *your* duty to suspend them around the neck of the same goddess of health and happiness. Perhaps you cannot make everybody understand or believe in the virtue of either of them just now. The true medical skeptic is determined to *see nothing* that cannot easily be accounted for on the plainest principles of his narrow philosophy. There are, indeed, many things in heaven, and some even on earth, for which his system of philosophy can no more make room than a New York tenement house can make room for another family. Such men will never come up to the standard of Sir John Herschel; he said: "The true philosopher is one who can believe in all that is not unreasonable, and hope for all that is not impossible."

II. But you will ask me, "Do not homœopathists themselves differ about *some things?*" I must, in all honesty, confess that they *do* debate on *some* questions among themselves. And *my* observation of human nature shows that the most advanced and active votaries of every science, when they come nearest to the highest truth, always debate with zeal every fraction of an inch that lies between their carefully measured conclusions. Geometry is one of the sciences which has been studied longest, and is supposed to be understood, if anything is; yet no two professors of that science have ever agreed on the length and breadth of Manhattan island. I have said that some things remain yet to be done. You will infer from all that you have anywhere learned:

1. That a broad and comprehensive education and platform are necessary for the men to stand upon, who can do the work now needed.

2. That our theories and practice are now in harmony with the advanced ideas of modern science in this afternoon of the nineteenth century. The world has waited for a philosophy which can select the true remedy for the greatest of human ills and predict satisfactory results.

3. That the world waits for true words, for books which, like those of which Channing spoke, "shall go down to posterity, as the voices of the distant and the dead, and through which succeeding

generations, shall become heirs of the spiritual life of all ages." Said the successor of Mahomet:

"Destroy not that fragment of paper." Oh, it is blank and worthless, containing no useful information. "If there be no good words now upon it, there ought to be. The world dies for want of knowledge. That paper may be made to convey to it a renovating message. Let the word of the prophet be written upon it; and then if it be committed to the mercy of the tempest, the winds of Heaven will, under divine guidance, bear it to the presence of some benighted mortal, whose soul needs to be refreshed from the fountains of truth, whose mind's eye has not yet beheld the light of Heaven."

Gentlemen, the order of the commander of the faithful will be obeyed by each one of you. You will write the message upon the fugitive sybil leaves, which will float from your hands as you trace them, and the world will know that you have learned in the figurative language of the forest chieftain "to make the paper talk." I need not say to you now, *be careful what* you write. The words will flow from your pen in letters which a child might write or blot, but when once they are written, all the floods of time, all the waves of oblivion, will not be able to wash them out. If the words be true, the words of the caliph may be true also: "The ink of the learned, like the blood of the martyrs, is sacred in the eyes of Heaven." If they be not true, that other saying may be: That "the accusing spirit, as he carries the complaint up to Heaven's chancery, may heave a sigh as he gives it in." It may indeed be true that "the recording angel, as he writes it down may drop a tear upon the word;" but it is not true "that that tear will blot out that word forever." That word may be caught up upon many minds and will be repeated by a thousand tongues when the hand that wrote shall have returned to the dust, and when the tongue that pronounced it shall be laid where all is cold and silent.

But we want something besides words, even in enduring books. It has been often said that actions speak more loudly than words. Let us have good deeds as well as good words. Homœopathists can afford to be charitable, for homœopathy has good gifts to give. Let us see good work done in curing disease in every house you visit, and every dispensary you have established. In these, and in the improved hospitals you contemplate, you will soon triumph over the unjust opposition which your older brethren have encountered. One

united effort now will build up a homœopathic hospital here which shall do honor to reformed medicine, and bless the largest number of afflicted sufferers ever relieved at an expense so small. On this part of our subject, more ought to be said; but time does not now permit it. I must therefore, only bid you an affectionate good evening.

PART II.

REPORTS OF BUREAUS.

CONTENTS.

Section I. Bureau of Materia Medica.
II. Bureau of Clinical Medicine.
III. Bureau of Obstetrics.
IV. Bureau of Surgery.
V. Bureau of Statistics.

PART II. SECTION I.

REPORT OF BUREAU OF MATERIA MEDICA.

S. Lilienthal, M. D., 230 West Twenty-fifth street, New York.

CONTENTS.

IX. Observations on Silicea. Carroll Dunham, M. D.

X. The Importance and Manner of Studying the Materia Medica. Alfred K. Hills, M. D.

XI. Alternation of Remedies. Alfred K. Hills, M. D.

XII. Medicinal Interference. George F. Hand, M. D.

XIII. Differential Diagnosis of Phosphorus and Arsenicum. S. Lilienthal, M. D.

XIV. Proving of Lilium Tigrinum. E. M. Hale, M. D.

XV. Proving of Lilium Tigrinum. Wm. E. Payne, M. D.

XVI. Verified Symptoms of Lilium Tigrinum. T. F. Allen, M. D.

XVII. Toxicological Effects of Arsenic. C. Judson Hill, M. D.

XVIII. Toxicological Effects of Morphine and Laudanum. Stillman Spooner, M. D.

XIX. Iodoform. B. F. Underwood, M. D.

IX.

Observations on Silicea.

BY CARROLL DUNHAM, M. D.

General view of its action.—In the pathogenesis of silicea, the action of this substance is shown to be marked:

1. Upon the nutrition, the vegetative sphere, emaciation, loss of appetite, retarded digestion, constipation, sweat confined to the head, but profuse on that part of the body, offensive sweat of the feet, swelling, and suppuration of the lymphatic, may be cited in evidence.

The sweat confined to the head is a pathognomonic symptom of rachitis, and the inference from it that silicea might be of service in this affection is confirmed by clinical experience.

Experience has likewise confirmed Hahnemann's declaration, that silicia has a wonderful control over the suppurative process, whether in the soft tissues, the periosteum or the bone itself.

2. Upon the nervous system, silicea exerts a peculiar action. With evidence of exhaustion furnished by the sensation of weakness, paralysis, etc., there is an exalted condition of susceptibility to nervous stimuli. The special senses are morbidly keen, the brain cannot bear even moderate concussion, nor the spine, either concussion or pressure, and the whole surface is unnaturally tender and sensitive. Cold aggravates and warmth relieves. There is then an erethism conjoined with exhaustion.

Nor is this all. This erethism, which is not evanescent, but endures for some time, is of such a nature that while it lasts, spasm is easily induced. Indeed, spasm often occurs without any evident provocation, or with only the provocation of muscular exertion and fatigue. Thus, for example, the cramp in the calves at night and on walking; the spasm of the thumb and wrist when writing; the spasm of the sphincter ani when making an effort to pass fæces; a spasm which characterizes the peculiar form of constipation observed under silicea, and so often cured by it.

Clinical experience has taught us that general spasms occur on slight provocation in cases of this silicea erethism.

As instances of this condition of the nervous system, we may cite

the *headache* of silicea. It comes on after much exertion which has exhausted or worried the patient. Its seat is the supra-orbital region, generally the right, or the eye itself, and the pain extends along the base of the brain to the occiput and down the nape of the neck. Noise, motion, light and concussion are intolerable. Repose, quiet, darkness and external warmth give relief. In subjects whose nutrition is at fault, aching and sharp pains in the nape of the neck frequently occur on the occasion of any nervous strain or exhaustion, and when they exist, are aggravated by exertion or excitement. Silicea presents an analogous symptom with similar conditions. For patients, on the other hand, in whom fatigue and impaired nutrition produce sluggishness and inaction of the nervous system, silicea it not at all indicated. It is, for example, very different from lycopodium in this regard.

The following clinical case illustrates the action of silicea, as above described:

August 19, 1869.—I was consulted in regard to A. G. W., resident in Boston; a well grown, bright looking lad, twelve years old, of dark complexion and hair. His health had been good, until the injury soon to be described. There was no inheritance of spasmodic disease. When he was brought to me, he was suffering from epileptiform spasms, of which he had for three months, one or more every day. The history of his injury and its results, may best be given from his mother's manuscript as follows (dated March 4th, 1870):

"On the 5th of February, 1869, Albert fell upon the ice, making a very severe bruise directly over the right eye. He said, when he got up from the fall, he was a little dizzy, but it did not hurt him any. That night he complained of being very chilly. The next morning on rising, seemed as bright and well as usual. Late in the afternoon, complained of feeling tired, and wanted to retire that night earlier than usual. The following morning, he rose with the same tired feeling, accompanied by chilliness, was very quiet and said he did not feel well enough to go to school. During the week, commencing February 7th, he was very quiet and not well. The chilliness continued, and he complained a great deal of his eyes which were weak; and he could not look at a print or anything that required close observation; and at times said everything looked dark as if it was night. He complained of dizziness and felt as if his limbs would give out, and he should fall down while walking.

After that week, I do not think he complained of objects appearing dark, but all the other symptoms continued, also pain and swelling of his bowels. This last symptom he did not complain of so much the first two or three weeks, but it increased very much, the bowels being swollen full, and hard a great part of the time, particularly late in the afternoon and at night.

I think I may safely say, it was in the early part of March, he began to be very restless and uneasy, seldom getting to sleep before ten o'clock, or eleven, or even later. The only way he could be induced to be quiet or lie still, was by reading to him. As time advanced, that would quiet him, but a very short period; he would start up suddenly, running through the rooms, up and down stairs as fast as he could, and finally throwing himself on the lounge would sink into unconsciousness. These turns gradually become more severe. I could hardly detect any change from day to day; only by looking back a week or a fortnight, could I tell that he grew worse. The attacks grew more frequent and more severe, until he was rigid (every limb and every part of his body), his eyes became set, and sometimes one side would be convulsed, jerking and twitching. These spasms would vary, lasting from five to twenty minutes usually; but the most severe ones were thirty minutes. From these he would gradually relax, his eyes would close gently, and he seemed to sink into an unconscious sleep. At first he would sleep a short time, rouse up suddenly, and always ask where he had been and what time it was. After a time he would not wake up from these unconscious turns, but would seem to pass into a natural sleep for the night. These spasms he had every night, with but few exceptions, after May 1st, commencing about six P. M. or shortly after, and having from four to six spasms and sometimes more until near ten o'clock, and during the intervals between the spasms, he would listen to reading or be crawling over the bed, putting the pillows round his neck, tossing them up, and doing such unnatural things, apparently not conscious.

The latter part of July and after, he would at times have these attacks in the day. Then they seemed to be brought on by over excitement, extreme fatigue or disappointment. On one or two occasions while walking in the fields with his father, he fell down, lying a few moments, then recovering. His appetite was very changeable all through his sickness. Sometimes he wanted to eat too much, then for a long time would have but little appetite. He

was very nervous, and could hardly be induced to sit down to take his meals; was constantly in motion, wanting some amusement all the time.

When going into his room to prepare for the night (during July and after), he would, before removing any of his clothing, go into these spasms.

His mind always seemed active, bright and quick (except when in these spasms), and I have not had occasion for a moment to think it was at all disturbed; in fact he seemed *more* keen and quick than before his injury.

His disposition was very much changed; being naturally pleasant, cheerful and happy, and quite persevering and firm, he became peevish and irritable, very persistent in his own ways and wishes; always unhappy if opposed, and seemed in this respect, altogether unlike himself.

He continued as I have described him, apparently growing worse, until he consulted you in August. In about one month from that time, we began to hope (through fears), that he was a very little better. The attacks seemed lighter, with more severe ones once in a few days, then less severe again, the severe turns growing less frequent with longer intervals between. In this way he showed improvement for a time, then would pass a night or two without a spasm; then three or four nights, more or less, the spasms diminishing in this way, until the last spasm he had was on October 23d, 1869. Since that time he has been extremely nervous at times, and showed strong symptoms of spasms, but these passed off without further trouble. Twice since you discharged him, he has been very nervous and excitable, and on these occasions, following your advice I resorted to the powders for nervousness (silicea^{2c}), which seemed to have the desired effect.

At times, when tired, he seemed more nervous and irritable than is natural, but this wears of by degrees.

It might be well for me to mention that a bath does not always affect him pleasantly, and quite recently he complained of feeling badly after getting into it, and appeared stupid and inactive; not because he remained in the bath too long; it seems more the result of the shock when he just gets into the water. Twice within the last two months it has affected him in this way. Aside from this, and the nervousness, I am happy to say he seems quite well.

In regard to medical treatment, there was no medicine advised by

any physician consulted before yourself, but the bromide of potassium. Great care was taken respecting his diet and the quantity, quality and regularity of his meals. Our family physician felt that unless an operation were performed, his trouble would result in loss of intellect, and that was the only treatment that could save him from such an affliction. We consulted one of the first surgeons in Boston regarding it. His opinion was that it would not be a safe operation, and he did not think favorably of it. With the bromides and plenty of exercise in the open air on a farm, he might ultimately be better."

The above account was written by the patient's mother, March 4, 1870, and I have quoted it *in extenso* because of its clear description and history of the origin, progress and decline of the disease. I propose now to supplement it from my clinical record, made while the case was under treatment, and which does not in every particular agree with the mother's narrative, made from recollection, four months after the last spasm occurred.

I saw the patient at my office, for the first and only time (the treatment was conducted by correspondence), August 19th, 1869. He appeared very bright and intelligent, responding promptly and clearly when questioned. His mother described the case as already detailed, stating however, that on the steamer the preceding evening, he had had a worse attack than ever, in consequence, probably, of the excitement produced by traveling. She described the attack by saying that it was like those he had had for a fortnight previous, though more severe, and lasting longer. When in the bedroom and about to prepare for bed, he would fall or throw himself upon the bed; then he would plunge head-foremost, on hands and knees, and thrust his head against the bolster or the wall, seemingly unconscious of what he was doing. His friends were obliged to be ready to put cushions between his head and the wall, or object against which he seemed about to plunge, in order to guard him from injury. If touched, checked, or resisted while in this condition, he would bite, or violently resist. After a time, from five to twenty minutes, he would sink upon the bed, become convulsed, and then, generally, sink into a deep sleep. The bowels were regular; urine appeared normal; appetite capricious. The seat of the injury appeared swollen and irregular to the touch, as though there had been a fracture of the outer table of the cranium, and some displacement of the fragments. He says that stooping for any length of

time produces a sharp pain in the right side of the forehead, and heaviness over the eyes, so that he cannot keep them open. I noticed a symptom which had never before been observed, viz., that pressure upon the spine, in the lower part of the dorsal region, as from the fifth to the ninth dorsal vertebra, produced sharp pain in the left forehead, in the seat of the injury. His mother's attention being quietly called to this fact, she reported from time to time that it was a constant symptom so long as the spasms continued, and that it gradually disappeared *pari passu* with the nervousness which remained for some months after the last spasm. Pathologically this symptom is one of great interest. The lad was much excited during my examination of his case, and was quite loquacious; and on this account, and because of the peculiar combative disposition evidenced in the attack of the previous night, I gave hyoscyamus[2c], ordering that all other medication be discontinued.

August 26.—His mother reports that his condition is as before. She notices, however, that the spine is sensitive at the nape and throughout the cervical and upper dorsal regions even more than below. Pressure upon the spine produces pain in the head. She had not noticed these symptoms before, but cannot say that they have not existed. Her attention was never directed to them. Appetite sometimes ravenous, sometimes very poor. Tenderness in the epigastrium is a constant symptom. The abdomen is always large and protuberant. Gave calcarea carb.[2c]

September 10.—His mother reports that, on the eighth, he fell and struck his head in the same place producing swelling and pain. He was unconscious for sometime after the fall. Prior to this, the spasms had seemed to be lighter, and his appetite had been more regular, but his excitement, and irritability greater. Gave belladonna[2c].

September 22.—He has occasionally passed a day without any spasm, but every few days has had a severe one. Is less irritable, and seems more like himself than since his injury. When excited, he moves his eyeballs continually and snaps his eyelids together spasmodically for a short time. Gave belladonna[2c].

September 28.—He took three doses of belladonna. Had severe headache with spasms in the evening, and unconsciousness. His mother thinks the medicine does not agree with him; aggravates his nervousness and inclines him to spasms. She discontinued it. Prescribed calcarea carb.[2c]

October 9.—He improved for a few days, then had more headache, and at night nervousness and spasms. He says it is pain in his head which makes him nervous and he cannot keep still. The pain is sometimes in the forehead, and sometimes in the side of the head. When the pain becomes very acute, he passes into unconsciousness. This pain is in and around the seat of the injury, and extends thence to the occiput. It is aggravated by motion and noise, and relieved by warmth. I now gave silicea^{2c}, to be dissolved in water, a teaspoonful every six hours until some effect appears.

October 19.—He has been freer from headache since the last report, and has not complained of the pain at all.

October 28.—Was quite well and free from spasms till the twenty-third, on which day, having struck his foot while at play, and suffered a deal of pain, and some excitement therefrom, he had a hard spasm passing off in unconsciousness. His eyes have been much better. Gave silicea^{2c}, as before.

November 9.—No spasm, nor unconscious turn since October 23. No complaint of pain or headache. There is no longer any tenderness of the spine, nor pain produced in the head by pressure on the spine. The nervous movement of the eyes is slight. He continued to improve steadily, except for a few days toward the end of November, when disordered digestion seemed to produce an increase of irritability which, with the indigestion, was speedily relieved by a dose of nux vom.^{2c} until December 5, when he complained, while taking a bath, that, when the water touched his shoulders, it caused pain in the forehead in the seat of the injury. This aggravation was ascribed to the effect of a blow on the head from a falling door, the preceding day. No other bad effect resulted. After December 4, he had only sac. lactis.

January 7, 1870.—Continues quite free from spasms, and grows steadily less irritable. No headache, pain, nor tenderness of the spine. Appetite regular, and normal. Digestion and sleep good. Likes to read, and can take a lesson of an hour in length without fatigue.

Discharged, with instructions to take a dose of silicea^{2c} in case of any unusual amount of excitement or return of pain.

The lad continued to improve without interruption, and in October, 1870, appeared perfectly well and resumed attendance at school. No symptoms of illness of any kind had appeared up to January 15, 1871.

On a review of this case, it appears that disturbance of the circulation was apparent in a slight degree, within a week after the blow upon the head; that the disturbance gradually increased and was then replaced by nervous irritability conjoined with a sense of physical prostration and with disturbances of nutrition until, nearly two months after the injury, the first paroxysm occurred. The spasms increased in frequency and severity until he had been a month under homœopathic treatment. At what period the tenderness of the spine first existed we have no means of ascertaining. It continued until some time after the spasms ceased, declining in intensity as they became less severe. It is noteworthy that with all this disturbance, the intellect and the special senses were not blunted, but came into a condition of erethism, or exalted activity. And, moreover, that excitement, from unusual stimulus, or from opposition, or from physical injury, caused an increase of nervous excitement, of tenderness of the spine, of headache and of disposition to spasm. These features of the case are in marked correspondence with the pathogenetic action of silicea.

Reviewing the result of treatment, it appears that the bromides, though steadily given under skillful direction, had no effect to diminish irritability or control spasm. The effect of exercise in the open air on a farm, as recommended, was faithfully tried from May 1st to August 19th, but the lad grew steadily worse, and the more he exercised, even in moderation, the worse he was. Of the homœopathic remedies, hyoscyamus, probably, did no good, and was not a wise prescription, being based on too partial a view of the case. Belladonna appeared to allay the violence of the spasms to some extent, and to moderate the nervous irritability. Under calcarea carb. the the digestion and assimilation, which had been much impaired and perverted, were nearly restored to the normal state. It must be noted, however, that, although in these respects, improvement followed the use of these remedies, nevertheless, while they were being taken, the headache and tenderness of head and spine steadily increased, and the spasms, though less frequent, increased in severity. The irritation of the nervous centers was, evidently, not controlled, and the case assumed more and more the aspect of a well established centric epilepsy. While, therefore, these remedies produced beneficial results and, undeniably, contributed to the cure, they did not cover the entire case, and it is a question whether the ultimate favorable result would not have been more speedily attained had the sili-

cea been administered at an earlier date. This remedy I regard as the chief instrument in the cure; for as soon as the patient came under its influence, there was evident mitigation of all the symptoms, and their disappearance, one by one; which the homœopathist is wont to recognize as evidence that he has found in his remedy a *simillium* to the case. The amelioration began at once in the symptoms immediately referable to lesions of the nervous centers. The headache ceased; the spine became less tender; pressure upon it no longer caused pain in the seat of the injury; the susceptibility to excitement and the great irritability which had under other remedies persisted coincidently with improvement in other respects, rapidly decreased. In a word, from the time silicia was given, universal improvement began, and it was scarcely interrupted until the child appeared perfectly well again.

Happily for the patient and his parents, no opportunity was afforded for obtaining by inspection a certain knowledge of the organic lesions existing in the case. Whether, as was supposed by the attending physician, a depression of the inner table of the cranium or a spicula of bone protruding therefrom, produced pressure upon the brain, and consequent irritation, or whether a low grade of inflammation resulted in tissue degeneration in some part of the encephalon, must be a matter of conjecture. Other hypotheses may be formed. If the former, the recovery could hardly have been expected, and can hardly be explained. If the latter, then, under the action of remedies, a retrograde metamorphosis must have occurred, and the normal tissues must have gradually replaced again the degenerate substitutes.

In any view, this was not a case in which we could reasonably anticipate a spontaneous, complete restoration to health. The recovery, therefore, under the administration of homœopathic remedies, is an interesting phenomenon. Nor is the interest of the case the less that these remedies were all given singly and in the two hundredth potency.

X.

The Importance and Manner of Studying the Materia Medica.*

By ALFRED K. HILLS, M. D.

As a representative of the bureau of materia medica I am expected to place before you, for your consideration this evening, something from this most important branch of our sience.

I shall first speak of the importance and manner of studying the materia medica, and secondly, make a comparison between graphites and pulsatilla.

Of the importance of this study, I cannot speak too emphatically, and I am certain most practitioners have at some time felt the need of this knowledge to a greater degree than they possessed it.

Whether studying a case at the bedside, with no materia medica or repertory at hand, or when considering a combination of symptoms that have presented, for which no parallel is known, either case will demonstrate the importance of this knowledge.

As a knowledge of anatomy is to the surgeon, so is a knowledge of materia medica to the medical practitioner, and absolutely necessary and indispensable to one desiring to become skillful in the practice of either.

A complete knowledge of anatomy enables the surgeon to know intimately the region in which he cuts, and what organs will be severed by his cutting, while a knowledge of materia medica to the medical practitioner, not only indicates the organs and tissues that are affected by his drugs, but also admits of a speedy removal of symptoms that cannot be associated with any particular organ, tissue, or lesion.

The medical practitioner starts upon his career with a few peculiar symptoms in his mind, and a vague and general idea that drugs are confined or limited in their action to certain organs or conditions, and that the whole organism is not affected thereby at all times and under all circumstances. Many medical men have this notion of the action of aconite and belladonna, and with this narrow conception

* Read before the Homœopathic Medical Society of New York county.

of their therapeutical power, prescribe in rapid alternation, the former for "general feverish conditions," and the latter for "congestion to the head," in cases in which both conditions exist at the same time. I need not say, that a little study and comparison of the provings, would enable a choice to be made between them, and consequently, the administration of the single remedy. To thoroughly know an individual, a science, or a thing, requires a personal and intimate knowledge of the principle which governs the one or the other, and by marking the characteristic points one after the other in our progress, leaving them to stand as mile-stones, or guide-boards, for the benefit of those that may follow us in the search for scientific knowledge, we not only benefit ourselves, but become benefactors to humanity. If the medical man does not understand the tools with which he is to do his work, and the result of their action when applied, it cannot be thought strange, if accident, or failure, follow their use.

By what means are we to arrive at a knowledge and understanding of the instruments we are to use, in our attempt to cure disease? It can only be done by a close, *comparative* study in detail, of these agents, to be found in the provings, as their representative.

1. Our study must be conducted in such a manner that the genius of the drug is obtained.

2. We must be able to recognize and mark the characteristics when we meet with them, and discern those portions which should be retained in the memory, even at the expense of minor symptoms. Personality of drugs will sometimes aid us in such as may be treated in this way; as in the tall, slim, phosphorus patient, the short, chubby, red faced belladonna individual, or the mild and tearful pulsatilla temperament, etc. A veteran practitioner of the pathologico-physiological school, and unbeliever in symptomatology, inquires "how am I to know which is the proper remedy in a given case, when by reference to my repertory, I find the names of several drugs set against the symptoms in question?" This man must have a very uncertain idea of our materia medica, and none at all of the *genius* of remedies, or the *indications* which determine the selection of the one over the other. He consequently rails against our materia medica as a mass of rubbish, without the slightest knowledge of what is in it, and, without even attempting to extract the gold, condemns the whole to an ignominious resting place, as unworthy of his consideration.

We are too apt to get into grooves, and prescribe remedies for certain pathological conditions, upon morbid anatomy or upon single symptoms, regardless of the principle upon which is grounded our system of practice, viz., the totality of the symptoms.

The ground upon which we claim for homœopathy the right to be called scientific, over that of any other school of practice is,

1. The completeness of the provings of the remedies used.
2. The totality of the symptoms are to be taken in every case of disease.
3. The close analysis and individualization of each case.

All will admit, that a knowledge of pathology, is necessary to the proper understanding of diseased conditions, and the only means of diagnosticating the condition to be treated. So with symptomatology; it must be studied in such a way, that the genius of the remedy be obtained, the condition that may be caused by it diagnosticated, and not merely a few peculiar symptoms learned. We should strive to know enough of pathology, to diagnosticate a diseased organ, weigh and compare its value as a symptom of disease, but never allow it to eclipse subjective symptoms which, if taken in connection therewith, will sometimes prove of infinitely more importance in selecting the remedy. The great value of pathology to the homœopathic physician is its use as one in the totality of symptoms indicating a remedy, and should be considered in its physiological and chemical relation with the subjective symptoms. A certain physician, in prescribing for a patient, remarked, that it was strange he could not hit the case, for rarely a patient came to him the third time without some relief. After racking his brain for a moment, he says, "this case must be one of disease of the intestinal canal, so I will give nitrate of silver." It is evident that the prescription was made upon a supposed pathological condition alone, and *not* upon the totality of the symptoms. In one of our journals is reported a case of fistula in ano. It is stated that the case was treated by a physician prejudiced in favor of high potencies, who failed to ascertain the pathological condition, and there was no improvement under his treatment. The writer says, when the case came into his hands, an examination revealed what he expected, viz., fistula. Hamamelis[1] was prescribed, and shortly the case was cured. Now what do we gain by the statement, that hamamelis[1] is good for fistula in ano? And shall we prescribe it for every such pathological condition? I cannot see that we add in the slightest degree to our knowledge of

therapeutics by such generalizations, and if we expect hamamelis[1] to cure every case of fistula in ano, we shall be sadly disappointed.

A patient presents himself to us suffering from headache, and states that it is made much *worse* from motion; now when we hear this key-note, we must not feel satisfied that bryonia is the remedy from this characteristic symptom, for whoever prescribes upon one subjective symptom, will find himself as much mistaken, many times, as the man who prescribes upon one objective symptom or the morbid anatomy and pathological show alone, regardless of the others, in the totality of symptoms.

Bryonia will not cure every case of disease aggravated by motion, for other remedies have the same symptoms (belladonna, nux vom., sanguinaria, etc.), neither will hamamelis cure every case of fistula in ano, for there are a number of remedies, possessing marked symptoms in this direction.

Whoever makes a practice of giving silicea for suppuration, nux vom. for constipation, hamamelis for fistula in ano, without concomitant symptoms, or in any event, prescribing upon one symptom, without first sifting to the dregs for the totality, will much oftener fail in making cures than the practitioner, who carefully taking the case, closely calculates the remedy by comparison. Aconite and belladonna both have "congestion to the head with throbbing of the carotids," but no one familiar with the provings of these drugs, can fail to choose between them, providing the symptoms are taken, and the remedies compared. Graphites and pulsatilla both have the symptoms of amenorrhœa; but who, with a knowledge of these remedies, would think of substituting the one for the other?

And here let me speak of that much abused and misunderstood term, "key-note." We must deprecate the practice of prescribing upon one symptom, whether objective or subjective, although one characteristic symptom may often lead us to the remedy covering a given case; but we are prone to evil habits, and easily fall into this one of prescribing upon one symptom, instead of the totality.

That characteristic symptoms, or key-notes as they are called, are of value I shall not deny; on the contrary, I shall extol them when used as they should be, viz., as a means of obtaining the full picture of our cases. If we depend too much upon one symptom, we may easily confound arsenicum, rhus, mercurius, and many others, which have the symptoms of "nightly restlessness" as a prominent characteristic, or belladonna, natrum mur. and sepia in prolapsus uteri,

"with bearing down pains, as if everything would escape the vulva." Suppose a patient presents to us these symptoms: Great restlessness at night, with burning heat, intense thirst, satisfied by drinking only a swallow at a time, with aggravation of all the symptoms just after midnight. No one with a knowledge of the pathogenesis of arsenicum, could fail in selecting that drug in preference to any other. Or the patient may complain of great restlessness at night, profuse perspiration, not ameliorating the pains; marked aggravation from heat, and susceptible to the effect of cold, especially in damp weather. In such a combination arsenicum would do no good, while mercurius would cure the case. Still, another may complain of great nocturnal restlessness, compelling continued change of position; the patient is rolling and tossing about, with temporary amelioration of the pains; can only find relief by continued motion; is decidedly worse in damp, cold weather, and the condition is ameliorated from warmth. In this case neither arsenicum or mercurius would avail us, but rhus would cover the case; and more especially if the condition was caused by a severe wetting, or a cold, damp habitation.

The bryonia patient is quite unlike either of the former; differing from rhus in the aggravation from motion; from mercurius, by the amelioration from perspiration; and from arsenicum by the constant desire for full draughts to quench the thirst; the patient is also chilly even in a very warm room, and it is often characterized by sharp, stitching pains in the chest, and the patient is most comfortable when lying quietly upon the painful part.

It must be evident to every reflecting mind, after noticing the similarity of symptoms in different remedies, that the practice of prescribing upon one symptom is pernicious and unreliable. The symptom of thirst, the time of aggravation, or the character of the pain, either one of these indications may induce us to examine the proving of arsenicum for the totality of symptoms; but I must protest against the use of either symptom alone, upon which to base a prescription; for the same symptoms may be found to occur singly in the provings of other drugs, while the combination is only to be found in arsenicum. Dr. Hering has well and truly said, "*every stool should have three legs, and every case three characteristic symptoms.*" Let us so closely individualize our cases and our drugs, that we may definitely say that we have a rhus rheumatism, a phosphorus cough, or a sulphur eruption; then when reports are made, it will prove current and understandable pathology and materia medica. It

is only those persons possessing little knowledge of our materia medica that can join with Dr. O. W. Holmes in his assertion, "every remedy in the homœopathic materia medica has the same symptoms;" for a little study only is required to refute this fallacy.

Graphites and Pulsatilla.

In the comparison between graphites and pulsatilla we have to deal with two of our most prominent polychrests. Pulsatilla is much oftener employed and generally better known than its relative, graphites. That graphites ought to be oftener used we make no doubt, and it is principally to this end that we present to you this comparison.

Graphites is one of the longest and deepest acting anti-psoric remedies, the proving of which is recorded in our materia medica, and will rarely do good from repetition, even after the administration of intermediate drugs. The action of this remedy in certain kinds of skin diseases, is perfectly marvelous and challenges competition, for we have no other remedy or remedies that will operate so kindly and thoroughly in the cases in which it is indicated. In certain cases of chronic constipation, with delaying menses, it is indispensable. It seems to possess a peculiar influence upon the skin and mucus surfaces, the characteristic secretion being white.

Pulsatilla is a remedy in which the impetus to nature is not less marked than in graphites; the primary manifestation, however, is of much shorter duration. The viscera and skin are especially affected by it; and in certain gastric derangements, where there is no thirst, it stands unequaled by any other remedy. The symptom of thirst, relief from cold, the effect of certain articles of food, and the marked characteristic of temperament, will make it easy to distinguish from graphites. Its characteristic secretion is of a yellowish-green character.

Graphites.	**Pulsatilla.**
Melancholy, with inclination to grief, anxiety about the future, with shedding of tears.	Melancholy, gloomy, full of cares; peevishness which increases to tears.
Easily vexed and wrathful.	Mild, bashful, yielding disposition.
Anxious fear of an approaching misfortune.	Tremulous anguish, as if death were near.

Graphites.	Pulsatilla.
Feeling as if intoxicated in the morning on rising.	Vertigo, as if intoxicated, when rising from a seat, when stooping, after eating, when lifting up the eyes.
Headache every morning on waking, semi-lateral, with inclination to vomit.	Pain in the head, as if the brain was lacerated on, or soon after waking.
Fullness in, and congestion to the head, the menstruation being suppressed.	Congestion of the blood to the head, with stinging pulsations in the brain, especially when stooping.
Humid, spreading, scurfy, eruption on the top of the head, painful to touch as if from subcutaneous ulceration, and emiting a disgusting odor; extending down the sides of the head into the whiskers; after scratching, more sore and humid; later, drying up to a white scurf.	Tingling, biting, itching on the scalp, mostly on the temples and behind the ears, followed by swelling and eruptions, paining, sore; worse in the evening when undressing, and on getting warm in bed.
Smooth, large wens on the hairy scalp; the hairy scalp is very hot and itches much, especially when walking in the open air.	Tumors on the scalp, suppurating and affecting the skull; more painful when lying on the opposite or well side.
Perspiration, smelling acid or very offensive, coloring the linen yellow; on the head (as on the whole body) at night, and during the day, from the least exercise; increased even while talking, better when walking in the open air.	Fetid, frequently cold perspiration at times, only on one side of the head and face, with great anxiety and stupor; worse at night and toward morning; better after walking and riding; disposition to take cold in the head, which is exclusively perspiring, especially on the head becoming wet.
Pressure and stinging in the eyes, with lachrymation.	Pressing, tearing and stinging in the eyes, with lachrymation in the open air and in the wind.
Inflammation of the eyes, with	Painful inflammation of the

Graphites.	Pulsatilla.
photophobia, and red swollen eyelids.	eyes and of the meibomian glands; styes, especially on the upper lid; swelling and redness of the eyelids.
Sensation of dryness of the eyelids, and agglutination of the eyes early in the morning. *Intolerance to the light* (of day).	Dryness of the eyes and lids, with the sensation as if it were darkened by some mucus hanging over the eye which ought to be wiped away; over sensitiveness to light.
Dryness of the inner ear.	Inflammation of the external and internal ear, with redness, heat and swelling.
Sensation as if the (left) ear were filled with water.	Flow of mucus or thick pus from the (left) ear.
Hardness of hearing.	Hardness of hearing as if the ears were stopped up, especially from cold; from having the hair cut or after suppressed measles.
Cracking in the ear when moving the jaw.	Hammering and tingling in the ears.
Painful dryness and dry scurfs in the nose; black pores on the nose.	The nose feels sore, internally and externally, ulceration of the external wing of the nose, emitting a watery humor.
Bleeding of the nose.	Bleeding of the nose; blood coagulated, with dry coryza.
Frequent discharge of thick, yellowish, fetid mucus from the nose.	Green, fetid discharge from the nose (like old catarrh).
Coryza as soon as becoming cold.	Coryza, with loss of smell and taste, or of long standing, with a heavy, yellowish-green discharge.
Smell too sensitive (cannot bear the smell of flowers).	Smell before the nose as of old catarrh.
Pale-yellow color of the face.	Alternate redness and paleness or yellowish color of the face, with sunken eyes.

Graphites.	Pulsatilla.
Swelling and erysipelatous inflamation of the face; burning and stinging; the erysipelas is spreading in rays.	Erysipelas in the face, with pricking pain; face bloated, purple puffiness of the cheeks and nose.
Continued feeling as of cobweb on the face; eruption on the face as if the skin were raw.	Painful sensitiveness of the skin in the face.
Surface of the lips and corners of the mouth ulcerated, and scabby eruptions on the chin and around the mouth.	Gnawing and smarting around the mouth; lower lip swelled, and cracked in the middle.
Lancinating pain in the teeth from cold drink, and aggravated by warmth.	Toothache relieved by taking cold water in the mouth, and aggravated at night and by warmth.
Swollen, easily bleeding gums.	Pulsating, stinging, sore gums, aggravated by heat.
Fetid odor from the gums and mouth.	Putrid smell from the mouth, especially in the morning.
Sensation as if a plug had lodged in the throat; constant spasm in the throat, obliging him to swallow as if choking.	Pain in the throat as if sore and raw; stinging with pressure and tension, or empty swallowing.
Accumulation of much mucus in the throat.	Dryness of the throat in the morning, with tough mucus in the throat, especially at night and in the morning.
Tongue thickly coated white.	Tongue coated yellow or white and covered with thick mucus.
Bitter taste in the mouth, the tongue being much coated. Taste of rotten eggs, in the morning, after rising.	Taste putrid bitter, especially after swallowing food or drink; sweetish (beer tastes sweet).
Violent thirst early in the morning.	Thirstlessness, with moist tongue, or thirst for beer and strong, alcoholic drinks.
Frequent sour eructations, with bitter taste in the mouth.	Eructations; tasting and smelling of what has been eaten, or like bile, in the evening.
Morning nausea; nausea and	Morning sickness (during preg-

Graphites.

vomiting after each meal; sour vomiting.

Repugnance to salt food.

The abdomen becomes inflated after eating.

Burning in the stomach causing hunger.

Colic and pressure in the stomach, with nausea; relieved by heat.

Pinching in the abdomen previous to every emission of flatulence.

Constipation; the stools hard, knotty, the lumps being united by mucous threads, or hard and of too large a size.

A quantity of white mucus is expelled with the stool.

Continuous soft stools of too small a size; mucous diarrhœa, sour-smelling, with burning at the rectum.

Itching and sore feeling of the anus, and burning rhagades.

Pulsatilla.

nancy); nausea felt in the upper part of abdomen, especially in the evening, after eating and drinking, with rumbling in the abdomen; vomiting of mucus; of bile; of bitter, sour fluids; of ingesta after each meal, especially in the evening and at night; of blood.

Aversion to fat food (butter), meat, bread and milk.

Pressure in the pit of the stomach after each meal, with vomiting of the ingesta.

Hunger and desire to eat, without knowing what; cold in the stomach from ice cream and fruit.

Colic, with nausea, ceasing after vomiting; colic and rumbling of wind, especially in the upper abdomen.

Stitches and cutting in the abdomen, in the evening; worse on sitting still.

Constipation, especially if the fæces are hard and large after suppressed intermittent fever by chin. sulph.

Frequent soft, diarrhœic stools, consisting of yellow mucus, or mixed with blood, preceded by cutting in the abdomen, or with pains in the small of the back.

Difficult soft stools, with straining and backache; stools consisting only of mucus, or acrid or bloody; very offensive, or white.

During stool, congestion of blood to the anus.

Graphites.	Pulsatilla.
Prolapsus recti, with varices, as if the rectum was paralyzed.	Hæmorrhoidal tumors, with great soreness.
Anxious painful desire to urinate, with discharge of small quantities of brown urine in drops, with a stitch in the urethra when emitting it. The urine becomes very turbid, with a reddish sediment (men).	Incontinency of urine; the urine is discharged by drops when sitting or when walking, when coughing, when passing wind and during sleep; scanty red-brown urine, with sediment reddish, bloody or mucus.
During micturition, pain in the os sacrum.	During micturition, burning in the urethra.
Immoderate sexual desire; violent erections; tension and lascivious feeling and voluptuous irritations of the genital organs. Eruption on the penis.	Sexual desire too strong, itching, burning on the inner and upper side of the prepuce.
Dropsical swelling of the prepuce and scrotum.	Inflammation and swelling of the testicles, with swelling of the scrotum (from contusion or from suppressed gonorrhœa). Burning in the testicles without swelling. Hydrocele.
The first menses delay; menses too late, too scanty and too pale.	The first menses delay; menses too late, too scanty and of too short duration, flowing mostly during the day when walking, with cramps in the abdomen, blood thick, black, clotted, or thin and watery.
Suppression of the menses with heaviness of the limbs and congestion of blood to the head.	Suppression of the menses, especially from cold, getting the feet wet.
Profuse white, thin leucorrhœa, with weakness in the back.	Leucorrhœa, acrid burning like milk, painless.
Sensitiveness of the larynx; scraping in it, and roughness, hoarseness.	Hoarseness which does not permit one to speak a loud word.
Cough, caused by taking a deep	Short, dry cough, as soon as

Graphites.

inspiration in the evening and at night.

Stitches in the chest and palpitation of the heart, from the least exercise.

Oppression of the chest; asthma in the evening in bed.

Pulsatilla.

getting warm, when awakening from sleep, disappearing while sitting up in bed, and returning as soon as lying down again.

Tension or stitches in the chest, especially when coughing and drawing a long breath. Burning pain and violent attacks of palpitation of the heart, often accompained by anguish and vanishing of sight.

Anxious and spasmodic tightness of the chest as if it were too full, and the larynx constricted, especially in the evening and at night; asthma at night, as from vapors of sulphur.

XI.

Alternation of Remedies.

By ALFRED K. HILLS, M. D.

Discussion upon this subject, if vigorously and fairly conducted, must result in advancing the cause of true homœopathy.

Hahnemann, in his writings, always insists upon the following principles:

1st. The totality of the symptoms in every case.

2d. The administration of the single remedy, and its close individualization to meet the particular case.

3d. The minimum dose to be cautiously repeated only so long as requisite to conclude the case.

In proof of the above statements I quote from Hahnemann, page 102, *Organon:* "The totality of the symptoms is the sole indication in the choice of the remedy. From this incontrovertible truth that, beyond the totality of the symptoms, there is nothing discoverable in disease by which they could make known the nature of the medicines they stand in need of, we ought naturally to conclude that there can be no other indication whatever than the ensemble of the symptoms in each individual case to guide us in the choice of a remedy."

Page 218, *Organon:* "Only one simple medicine to be administered at a time.

"In no instance is it requisite to employ more than one simple medicinal substance at a time.

"Experiments have been made by some homœopathists in cases where, imagining that one part of the symptoms of a disease required one remedy, and that another remedy was more suitable to the other part, they have given both remedies at the same time, or nearly so; but I earnestly caution all my adherents against such a hazardous practice, which never will be necessary, though in some instances it may appear serviceable."

Page 204, *Organon:* "Both in acute and chronic diseases every perceptible amelioration that takes place, making continued progress, though of ever so feeble a nature, is a state which, so long as it endures, formally forbids the repetition of any medicine whatever,

because the one already taken by the patient has not yet produced all the good that may result from it. Every fresh dose of a remedy, even of the one last administered, and which had till then proven salutary, would have no effect but that of disturbing the operation of the cure."

Page 179, *Organon:* "It may easily occur, on examining a disease for the first time, and also on selecting for the first time the remedy that is to combat it, that the totality of the symptoms of the disease is found not to be sufficiently covered by the morbific symptoms of a single medicine, and that two remedies dispute the preference as to the eligibility in the present instance; the one being homœopathic to one part of the disease, and the other still more so to another. It is then by no means advisable, after using the preferable of the two remedies, to take the other without examination, because medicines given as the inferior of the two, under the change of circumstances, may not be proper for the remaining symptoms; in which case it follows that a suitable homœopathic remedy should be selected for the new set of symptoms in its stead."

That the term "alternation" is variously understood by different practitioners seems absolutely certain. One man understands alternation to mean the selection of the appropriate remedy, according to the "totality of the symptoms," changing for another only when the symptoms require it, and go on in rotation or alternation as circumstances require, leaving each remedy to act its full time, or so long as any improvement may be seen to result from its action. And this is the view first introduced by Hahnemann, and not the kind of alternation that any one complains of. Neither Hahnemann nor his true followers can countenance the indiscriminate and rapid alternation of remedies without regard to symptoms, as recommended and practiced at the present day. In no part of the writings of Hahnemann is this remnant of allopathy (alternation) excused. I cannot see how any intelligent person can read the works of the great master and then assert that the popular alternation of remedies as practiced now is in accordance with the spirit of his teachings. Hear what Hahnemann says at page 179, *Organon:* "In non-venereal chronic diseases (consequently those which owe their origin to psora) it is often necessary in the cure to employ several remedies, one after the other; each of which ought to be chosen homœopathic to the group of symptoms which still exist after the preceding one has exhausted its action."

Page 112, *Chronic Diseases:* "Both the gonorrhœa and the excrescences of sycosis are cured in the most thorough and durable manner by the internal administration of a few globules of the decilionth preparation of thuja, which ought to be allowed to act for the space of fifteen, twenty, thirty, or forty days. After this lapse of time you give an equally small dose of nitric acid, letting it act during an equally long period."

Page 162, *Chronic Diseases:* "If the physician alternates his remedies in rapid succession, this is a sure sign that he has not chosen his remedies with strict reference to their homœopathic action, or has but carelessly studied the existing series of symptoms."

In reference to the use of aconite and coffee in "purple rash," Hahnemann says: "They should be alternately given every twelve, sixteen, or twenty-four hours, in proportion as one or the other is indicated. This statement does not convey the idea that these remedies should be always given in alternation; they are to be administered only when they are found to be indicated, and only when covering the totality of the symptoms according to the scientific principle of our practice, and in accordance with the true spirit of all Hahnemann's directions. Hahnemann, in speaking of the complication occasioned by the presence at one time of syphilis and psora in the same organism, says: "In short, the cure is effected in a very complete manner by administering alternately and at the proper time mercurials and anti-psorics." It does not seem to me that he in any way disproves his statement that each dose should be allowed to act so long as any benefit is seen to be derived therefrom.

Of the proper mode of procedure, Hahnemann says, at page 123, *Chronic Diseases:* "The physician administers the most appropriate anti-psoric in the mode which will be indicated hereafter. This may be followed by a second anti-psoric, to be chosen agreeably to the new symptoms; and when this last remedy has completed its action, a dose of the anti-syphilitic mercury may be exhibited; being permitted to act three, five, or seven weeks, as long as it is capable of exercising a curative influence."

It seems to me that the principles laid down by Hahnemann, and which I have already quoted from at some length, would make it clear as to what he means by alternation. I find no mention of his ever administering or advising the administration of a medicine at any time without first obtaining the totality of the symptoms; and when these change and the case presents altogether a new aspect,

then it is that he begins to look for another remedy to cover the new set of symptoms then presented.

I have yet to meet with the argument from any one in favor of alternation upon scientific principles; and even its adherents only excuse themselves for so doing upon the ground that they do not know enough of the materia medica to practice otherwise.

One alternator said to me, "I would not know how to prescribe in one tumbler, so firm has the habit grown upon me of using two or more, and my patients always bring me two without my asking." This man says he knows he ought not to do it; but having been taught to practice it at college, he finds it almost impossible to change his mode of giving medicines; and this shows with what pertinacity bad practices cling to us, even those taught us by college professors.

The end to be desired is plain, and is admitted by all. Shall we reach it by going backward?

XII.

Medicinal Interference.

By GEORGE F. HAND, M. D.

All the earlier writers on homœopathy taught, that while homœopathic remedies were being given, everything possessing the least medicinal influence must be avoided by the patient lest the effect of our remedies should be counteracted. This idea was carried so far by some physicians, that the camphor bottle, a mineral oil lamp, a person having the smell of tobacco about him, and even bouquets of flowers, were rigorously excluded from the sick room.

Hahnemann says in his *Organon*, that the patient should avoid "coffee, teas of all the different kinds, beer containing vegetable substances unfit for the patient, liquors, all kinds of punch, spiced chocolate, sweet waters and perfumery of all kinds, odorous flowers in the room, preparations for the teeth, either in powder or liquid, wherein medicinal substances are included, perfumed bags, strongly seasoned viands or sauces, pastry and ice cream, with aromatics, pot-herbs, culinary greens, or roots containing medicinal qualities, old cheese or butter, stale meat, the flesh and fat of swine, geese and ducks, young veal, or acids. Every one of these act medicinally, and ought to be carefully removed from our patients." Some of the physicians in those days seem to have gone further, if possible, than Hahnemann; for he says, in closing, "Some of my adherents appear to exact too much from their patients, by unnecessarily and improperly excluding from their diet things indifferent."

Hartmann is not quite so strict in his directions for he says, "Hahnemann allowed smoking and snuff; he forbade wine, brandy, and coffee with great severity. This seems to be inconsistent, and leads us to suppose that in a more advanced age we may except some other things beside tobacco from the general rule of abstinence."

An experience of half a century has shown that such rigid rules are entirely unnecessary. The camphor bottle is still looked upon as a spririt of evil by many, it is true, but the lamp, the tobacco chewer, and the bouquet are freely admitted to the bedside. It cannot be denied, that these substances, and indeed many others which

it is an utter impossibility to exclude entirely from the presence of our patients, possess decided medicinal properties, and yet our remedies act, apparently, just as promptly and efficaciously, as if there were nothing to interfere with their action. Now, why is this? Why are not our remedies counteracted, and their effects made void by such undeniably medicinal substances? I have never seen a satisfactory explanation of this fact, and I here offer to the profession my theory in regard to the matter. I shall endeavor to furnish a solution of the difficulty by establishing the following proposition, viz.: *Attenuations are not antidoted by crude drugs.* It is one of the established principles of our school, that drugs act more efficiently in attenuated, than in crude doses, for these reasons:

1st. Because by trituration or dilution, the atoms of the drug are separated one from the other, and are thus more easily taken up by the absorbents and carried to the diseased part.

2d. The medicinal or dynamic power of drugs is developed by succussion or trituration. Every time a dissolved medicine is diluted a hundred-fold its minute parts are made still smaller, and rendered *more active.*

The greatest philosophers have hinted at these truths.

Professor Doppler, of the university of Halle, says: "The power of remedial agents may be measured by extension of surface instead of being determined by weight, as has been the fashion heretofore." Professor Albers says, "the comminuted dose is more readily received by the stomach, irritates much less the place where it first comes in contact with the organism, and hence acts more completely and permanently than a massive dose. Panizza concludes, as a result of his experiments concerning absorption, that "the absorption of drugs takes place the more readily the more soluble the medicines are, and the more they are divided and susceptible of assimilation.

The inference, then, is easy and indeed unavoidable, that the crude drug is acted upon in a very slight degree, in comparison with the attenuation. And again, the crude drug has not had that additional medicinal power imparted to it, which succession or trituration would give it. An attenuated dose is given; every atom of it is taken up by the absorbents and carried into the circulation, there to exert its *developed* or dynamic power. How is this dose to be antidoted by a drug which is absorbed in only a slight degree and which confessedly possess no dynamic power. Our remedies act, as it were,

on another and a higher plane, and cannot be affected by those acting on a lower one. Believing the homœopathic law of the action of drugs to be true, I cannot but believe the proposition to be true, that crude doses will not antidote homœopathic doses, and I am not, therefore, very materially exercised when I am called to a case of colic, for example, to learn that previous to my arrival, ginger tea, cayenne, peppermint, and a host of other things have been poured down the unwilling throat of the sufferer, but calling for tumbler and water I prescribe with the utmost confidence my sixth dilution of colocynth or nux. And so does every other homœopathic physician.

How often are we called to see a patient, who has been drugged well nigh to death by some allopathic practitioner, and upon our arrival is almost "*in articulo mortis.*" And now that the attenuation is to be substituted for the massive dose, must we premise the treatment by giving antidotes to all the medicines which have previously been given, or wait for the effects of those medicines to pass away? Not at all. We have no time to waste. It is a case of life or death. Relief must come speedily or not at all. The homœopathic remedy is administered, and what a magical change takes place. How soon is the look of alarm on the countenances of anxious friends changed to beaming hope. Similar scenes are within the experience of every one of us. And what is the explanation? Admit the truth of the proposition I have stated, and it is easy.

The same principle teaches us that articles of diet cannot directly antidote or counteract the effect of our remedies. Or, to state it in another way, and that it may be better understood exactly what I mean, it is useless to forbid anything to be taken into the stomach in connection with our remedies which would not be injurious to the system if no medicine were being taken. We need not forbid a particular kind of food for the sole reason that the patient is taking a particular remedy. In certain fevers, for example, I would forbid lemonade, not because I am giving aconite, but because the patient would be made worse by it if he were not taking aconite. And so with tea, coffee, grease, vinegar, and a hundred other things. I need not be anxious whether the remedy I am giving will be antidoted by their use, but whether the sufferings of the patient, whether the disease "*per se*," without regard to the remedy, will be fostered by a continuance of it.

Finally, homœopathic doses can only be antidoted by attenuations. This is so obvious from what I have said, that a mere statement of

the fact is, perhaps, all that is necessary. I conceive that a drug, in order to perfectly antidote another, must possess these three qualities in common with it:

1st. They must be diluted or triturated to the same degree.

2d. They must possess an equal dynamic power.

3d. They must have an affinity for, or specifically affect the same portion of the vital organism.

I should like to discuss at length, this last point, but my paper has already far exceeded the limits I designed it should, and I leave the matter here, to the criticism of my colaborers.

XIII.

Differential Diagnosis of Phosphorus and Arsenicum.

By S. LILIENTHAL, M. D.

There never was written a sentence more true and more to the point, than the one which Prof. Buckner gives us in his *Monograph on Bright's Disease* (page 63), where he remarks: "The chief physiological indication for the application of phosphorus is in total contrast to arsenicum, because their relations are as right to left; arsenicum left heart, phosphorus right heart; or in other words, arsenicum arterial stasis, phosphorus venous stasis, with or without lesions in the lesser circulation." And page 64: "The solution, which of these remedies may be indicated in eclampsia, is simple: phosphorus in symptoms of cerebral atrophy, arsenicum in œdema of the brain."

Nearly nineteen hundred years ago, Dioscorides allowed to arsenicum "septic, styptic and escharotic power; and at the same time, while it constringes it empties the capillaries;" and Johnston, a writer of our century, inclines, in his Chemistry of Common Life, to the opinion that arsenicum lessens the waste of the body and the discharge of carbonic acid from the lungs, and consequently the quantities of oxygen required. Taxidermists use it in preserving specimens of natural history, and skins, from insects and putrefaction; and it is a well known fact that the corpses of persons killed by the effects of arsenic do not decay very fast; and even after being buried for years their features are yet recognizable.

Teste in his *Materia Medica* (p. 193), places arsenicum as the type of his fourth group, whose sphere of action extends over every sphere of the organism, but especially affects the digestive organs, the organs of the head, of locomotion, and the skin. Among its analogues, phosphorus is not mentioned. On the digestive organs, it acts as a tissue irritant, as even where the arsenicum was applied to wounds, inflammation of the gastric and intestinal mucous membrane is usually demonstrated. Its action on the cerebro-spinal system, is a curious mixture of depression with irritation, and its primary action on the sympatheticus is now well established, and since Bærensprung has shown that every nerve is composed of motor, sensory,

and nutritive fibres (the latter emanating from the sympatheticus), we easily understand now, many symptoms formerly rather obscure, and among others also the spasms of the blood-vessels and the febrile symptoms produced and so often relieved by arsenicum. The arsenic eaters of Styria, show us that excitation is the primary action of this metal, and faintness, depression of spirits, mental weakness and a total loss of appetite with sleeplessness only follow, when these peasants are deprived of their usual morning dose. It is a curious fact worth mentioning, that habitual arsenic eaters are exempt from zymotic diseases. We read also in the *British Journal of Homœopathy* (vol. 18, page 509), that a gentleman who twice tried to break off this seemingly pernicious habit, was each time attacked by violent palpitation of the heart, accompanied by profuse perspiration and followed by pneumonia, and had he not been bled, he would have died of apoplexy. All of which clearly shows, that it was an active arterial irritation, and in fact, it would be worth while to compare aconite with arsenicum, and by such comparison the primary and secondary action of remedies (and thus incidentally their application in high or low dilution, either one of which has its strict indications), would be greatly elucidated.

The fluidity of the blood, found in most cases of fatal arsenic poisoning, differs again from that of phosphorus. James and Christison observed, that if venous or arterial blood be received into a solution of arsenic, instead of coagulating in the usual way, a viscous jelly first forms (the blood of cholera patients is also not exactly fluid, but more like molasses, as from the constant drain the blood has lost its serum), and lumpy clots form afterward. Campbell has found the lungs so congested as to resemble a lump of clotted blood, and Hencke reports one case, where the lungs presented all the characters of pulmonary apoplexy (*North American Journal of Homœopathy*, vol. 7, also new *Materia Medica*, page 665). This gelatinous state of the blood is secondary, for as already observed, the primary action of this poison is acceleration of the heart's action (through the ganglionic system), and increase of pulse, but this arterial spasm is soon followed by rapid, feeble and irregular pulsations, diminution of animal heat and vitality, and finally a complete paralysis of the vascular system. (*Marcy*, l. c.)

On the cerebro-spinal as well as ganglionic system, we find the same primary excitation, followed by a secondary paralytic condition.

Whereas, the mental and emotional symptoms of arsenicum, show restlessness and irritability.

Teste puts phosphorus in his pulsatilla group (p. 256), and we all know that the great characteristic of pulsatilla stands in strong contrast to arsenicum, showing a mild, gentle and yielding disposition, and true enough, the same want of decision, the aversion to society and sadness, are also found among the symptoms of phosphorus. Under the action of pulsatilla, the veins seem to lose their vital resistance, so that varicosis readily occurs (*Hughes' Pharm.*, 473), and it is recommended even in dilatation of the right ventricle. But phosphorus is more penetrating in its action, as even its primordial phenomena indicate a disturbed condition of the vascular sphere, as blackness and diminished fluidity of the blood, a capillary engorgement, constituting a sort of ill conditioned plethora, a diminution of vital heat and action; in fact, a passive state everywhere. In phosphorus, as in fact in Teste's entire fifth group, we find the blood primarily affected, whereas, in arsenicum the blood becomes poisoned through the agency of the nervous system; and it strikes me, that the same difference will be found in diseases, and that in the so-called zymotic diseases the nervous system is primarily affected, and in the so-called dyscrasia the blood is poisoned, and the vox populi appears thus to possess some grains of truth in it. I admit that the fungoid theory of zymotic diseases contradicts such a theory; but the problem is not yet solved, if in those diseases the nervous or blood system receives the first attack. We all know that in epidemics not every one suffers, but only those who have a disposition to it, or in other words, whose vitality is so much lowered, that they cannot withstand the aggressive power of the poison, may it be a fungus or any other so far unrecognized agent. To our mind it seems established, that in zymosis the nervous system is primarily attacked, and the contrary will be found in all dyscrasias. But to return to our subject.

The influence of arsenicum frequently repeated, in small doses, is a diminution of the metamorphosis of the tissues leading to obesity. The poison acts directly on the red corpuscles, diminishing their power of taking up the oxygen supplied to them by the lungs; and the carbonaceous compounds thus unconsumed, deposit themselves in the form of fat (*Hughes, Pharm.*, 106); but in arsenicum this hæmatic action is produced through the ganglionic system; whereas, according to Hardy and Birgley phosphorus acts upon the animal

frame, not by a direct action upon the nervous system, but by preventing the assimilation of oxygen by the constituents of the blood; and it leaves the question still undecided, if the formation of phosphoric acid in the stomach, through a combination of phosphorus with oxygen, renders the blood unfitted for the purpose of nutrition or not. At any rate, we can affirm with Hughes (l. c., 441), that the fundamental lesion, which phosphorus has the power of causing in every part of the body susceptible thereof, is fatty degeneration. The symptoms are those of blood-poisoning; to which the nervous phenomena, as convulsions, are probably secondary; and thus we find it indicated in acholia from hepatic atrophy; in renal atrophy; in cerebral atrophy, or in atonic states of the craneo-spinal axis, and of their nerves issuing therefrom. Now, we might ask what is this fatty degeneration in contradistinction to fatty deposits? Bock (*Diagnostics*, page 130) describes obesity as an excessive accumulation of fat in the tissues, of which a carcinomatous diathesis might develop itself with remarkably quick emaciation and sallow complexion (similar to the symptoms produced by arsenic eaters, who quickly lose flesh when ceasing to take arsenic), whereas he defines fatty degeneration developing itself from chronic hyperæmia, the tissues of the liver become dislodged and supplanted by a lardaceous substance, similar to vegetable cell matter. Prof. Mapothor (*Braithwaite*, 28, 50), says: "Our tissues do not remain permanently ours, but are, in health, constantly removed and renewed. Now, when renewal fails, and substances lower in the scale of human chemistry become deposited instead, we give the name of degeneration to that condition. The fatty form, in which a tissue is either chemically converted into fat, or is removed to give place to this substance, is the most frequent, and chooses such vital organs as the heart (softening), brain (yellow softening), or the kidney (Bright's disease). Doctor McNamara (*Braithwaite*, 55, 273) thinks that the diseased action commences in the germinal matter; for as excess of germinal matter is tantamount to rapidity of growth (scirrhus arsenic) so the converse holds good, and the decrease of germinal matter is consistent with the absence of formed material, and in its place the product of the charged tissue (*Beale on Fatty Degeneration*); and if the circulating fluid is wanting in certain elements demanded by the germinal matter for the production of formed material, fatty degeneration necessarily follows. Now, in cases of poisoning by phosphorus, we find the circulating fluid thus altered; the blood globules perfectly dis-

solved, or as a bluish-red coagulum, swimming in the plasma; but the walls of the blood vessels become more ductile, take on different forms, especially when dividing into the smaller branches.

Grauvogle justly, therefore, puts phosphorus among the remedies indicated in his carbonitrogenous constitution, where with relative want of ozone, the body is rich in carbon and nitrogen, whereas, arsenicum takes high rank among his remedies of the oxygenized constitution, as a powerful agent in preventing a too rapid oxydation of the tissues.

Comparing, then, these two sovereign remedies together (*vide Gross' Comparative Materia Medica*), in the chapter on arsenicum, we find for,

Phosphorus.	**Arsenicum.**
Suitable to tall, slender people with fair skin; sanguine, nervous temperament; sensitive disposition; quick and lively perceptions.	Suitable to persons of a lymphatico-nervous constitution, irritable, disposed to sadness, to mucous discharges, to dropsy and tetters.
Acute affections, in the course of which the cerebro-spinal system of nerves becomes very much depressed, and finally threatened with paralysis. Debility from old age, from the loss of animal fluids, especially semen.	Excessive irritation of the ganglionic and spinal systems of nerves; general paralysis and death of the ganglionic system, the activity of the cerebro-spinal system, continuing in a state of irritation until death.
Great irritability from hypochondriasis; anxiousness with much sweat on the forehead, and heat on the face.	Fits of anguish, with internal heat, restlessness, fever and cold sweat of the face.
Somnambulism, clairvoyance.	Dullness and weakness of the mind; loss of sensation, of consciousness of speech.
Painful vertigo *in the morning*, or about noon, before or after a meal, with sensation as if he would fall forward.	Vertigo, with reeling, only when walking, or every evening when closing the eyes.
Dull, stupefying headache, as after a night's revelry, with dizziness, relieved in the fresh air, and returning when in a warm room.	*Periodical* headache, very violent in the evening and night, with the greatest thirst, ameliorated by heat.

Phosphorus.	Arsenicum.
Pressure on several parts of the head, as if nodosities were there. Scales on the hairy scalp, itching occasionally; dry scales; alopecia.	Corrosive burning, itching of the hairy scalp, as if ulcerated; pustules with burning pain and swelling of the cervical glands.
Retinal hyperæmia, with congestion to the head; flashes of light, dazzling points or rings of various colors before the eyes, indicating extreme sensitiveness of the retina. Glaucoma amaurosis.	Superficial and deep-seated ulceration of the cornea, especially in scrofulous subjects. Catarrhal ophthalmia with thin secretion and irritation of the edges of the lids. Ulceration of the tarsal edges, with thin secretion. Excessive photophobia, with dim sightedness, as through white gauze.
Congestive deafness; affection of the hearing after typhoid and inflammatory diseases; pulsations and throbbing in the ear; strong echo in the ears.	Roaring in the ears during the painful paroxysms; noise as of rushing waters; tingling and singing noises in head and ears.
Frequent alternation of fluent and dry coryza, fluent coryza of one nostril, the other being obstructed.	Profuse watery discharges from the nose, excoriating the nostril and making the upper lip sore.
Polypus of the nose; frequent discharge of blood, particularly in the morning, with yellow mucus from the nose.	Cancer of the nose; violent bleeding from the nose, with burning pains; hard tumor in the nose.
Striking paleness of the face, with chilliness and headache; pale, sickly complexion, with deep, hollow eyes and blue margins around; circumscribed redness of the cheeks.	Sallow complexion, sunken countenance, or bloated, puffed, red face, with elastic swelling under the eyes.
Aching of the molar and parietal bones and of the teeth, especially when chewing warm food, or when entering a warm room, coming out of the cold air; tearing in the jaws.	Cancer of the face and lips, with a thick crust and a cosies which has the appearance of hard swelling of the submaxillary glands.

Phosphorus.	Arsenicum.
Profuse drawing and tearing in the *lower* jaw, with pains in the hollow tooth; pain as from ulceration, when pressing the teeth together; the teeth are loose; ulcers on the gums, which bleed at the slightest touch.	Elongation and painful looseness of the teeth, excruciating, drawing, jerking pains, extending to the ears, cheeks and temples; worse at night, and by lying on affected side; the gums bleed readily.
Painful sensitiveness of the mouth, gums, and palate, blisters on the palate, burning and suppurating.	Great dryness of the mouth and palate, with a sensation of roughness; stomacace.
Viscid, slimy taste, as if much mucus accumulated in the mouth; acidity after every meal.	Putrid, fetid taste, as of putrid meat; bitterness of mouth, particularly after eating and drinking, especially in the morning.
She would like to drink all the time; aversion to boiled milk; spirituous drinks taste like water; panting for refreshing things.	Violent, unquenchable, burning, suffocative thirst, obliging him to drink frequently although but little at a time, or complete absence of thirst.
No appetite, no thirst; but food has its natural taste.	Aversion to food, with desire for acid things.
Oppression of the chest, coming from the stomach, and worse after eating; palpitations; belching of large quantities of wind after eating; sensation of great weakness in the abdomen, particularly across and below the navel; vomiting immediately after eating, so that all the food is brought up, or pure blood, or bloody, brown masses; emaciation, anæmia, collapse.	Gnawing, corroding pain, alternating with pressure in the stomach with weight as of a stone or a hard lump; sensation of soreness and of ulceration; even small quantities of food are not well borne; vomiting aggravates the pain; anguish, fainting, pale, earthy face.
Stools scanty, dry and difficult of evacuation, or watery diarrhœa, with lumps of white mucus or *little grains of tallow;* amelioration after sleeping; thirst, with	Watery stools, offensive and painless, containing undigested food, with peculiar and distressing restlessness; tenesmus, with painful constriction above the

Phosphorus.	Arsenicum.
desire for very cold drinks, though it will be vomited again as soon as it becomes warm in the stomach; green and bloody stools, the anus remaining constantly open.	anus and distension of the abdomen; great weakness and rapid exhaustion.
Frequent micturition, little at a time; difficult emission of urine, as if the passage were impeded; urine has a strong ammoniacal smell, becomes turbid and deposits a white-yellowish sediment; *greasy pellicle* on the urine of various colors.	Paralysis of the bladder; suppression of the secretion, or retention of urine; involuntary micturition; scanty, dark yellow urine, or colorless and copious; hæmaturia; burning pains during micturition.
Ulcer on the prepuce, healing rapidly; irresistible desire for an embrace; erections day and night; aversion to an embrace, impotence; nocturnal emissions without dreams.	Chimney-sweep cancer; excessively painful inflammation and smelling of the genital organs, with gangrene; nocturnal emissions with or without lascivious dreams, sometimes followed by continuous erections.
Menses too early, too profuse and too long, with pains in the small of the back and abdomen; discharge of blood from the uterus between the menstrual periods; after the menses, great weakness, with blue margins around the eyes, and anxiety. Delaying menses are a secondary effect of phosphorus.	Profuse catamenia, too soon, with lancinating pains, accompanied by loud eructations, moaning; induration and cancer of the uterus.
Milky, slimy leucorrhœa; smarting leucorrhœa, drawing blisters; annoying sense of weakness across the abdomen; sensation of heat passing up the back.	Leucorrhœa, dropping out while the woman is standing, with emission of flatulence; acrid, corroding, thick and yellowish; constant chilliness; dread of cold water, which lies heavy in the stomach.
Irritation low down in the trachea, with oppression high up	Dryness and burning in the larynx; tracheophthisis, with de-

Phosphorus.	Arsenicum.
in the chest; painfulness of the larynx, impeding speech; the larynx seemed furred, as if unable to utter a loud word. Mucous expectoration, especially mornings; dry, tickling cough in the evening, with tightness across the chest; pain in chest when coughing, relieved by external pressure; trembling of the whole body when coughing.	ficient secretion of mucus; dry, racking cough; especially in the evening, after lying down, or at night, excited by drink or cold air; suffocative fits, especially at night, in bed; tenacious mucus in trachea and bronchi with difficult expectoration.
Oppression of the chest early in the morning, in bed, with chilliness and violent headache; tightness of the chest, as if bound by a band; pressure on the lower part of the chest; rush of blood to chest.	Difficulty of breathing; anxious and oppressive shortness of breath, suffocative oppression with excessive debility.
Rush of blood to the heart and palpitations with anxiety, very violent after dinner; a few strong beats during motions, going off when at rest.	Violent, excessive palpitations of the heart, particularly at night, also irregular, with anguish, or when lying on the back.
Frequent yawning, with chilliness in the evening, light sleep and when waking up during the night, has great difficulty in falling asleep again; dreams constantly sad or frightful dreams; is drowsy and sleeps long in the morning, but awakes not refreshed, but with great langour of the limbs.	Frequent yawning, with uneasiness and tossing about; restless sleep, interrupted from 3 A. M; wakes early, has difficulty in falling asleep again; starts in his sleep as if frightened, talking and quarreling; dreams full of care and anxiety, and wakes early, irritable and morose.
Coldness of the whole body, as if deficient of animal heat, even near the warm stove, or in bed; violent chills at night, with diarrhœa, afterward heat with thirst and internal chilliness, and when	Mingling of heat and chilliness; heat generally dry and burning, sometimes accompanied by diarrhœa, great languor, weakness, trembling of the limbs, œdema of the feet and other dropsical

Phosphorus.

the chilliness passed off, heat and sweat the whole night; hectic fevers, night sweats, and feeling of exhaustion during the day.

Fistulous ulcers, with callous edges, secreting a thin, foul pus, and of a blue appearance; yellow or brown spots on the body; sanguineous spots; formication and itching of the paralyzed parts; small wounds bleed much; eruptions bleed easily and excessively when scratched; old scars break open and bleed freely.

Aggravation, morning, evening, or when lying on left side; burning pains of internal parts.

Amelioration; on lying on right side, during rest, on application of cold water.

Arsenicum.

symptoms; partial sweats, or sour fetid sweats; inequality of pulse and heart's action.

Branlike, dry, scaly eruptions, with itching and burning; the latter increased by scratching and followed by bleeding; chlorosis, jaundice, anasarca; gangrene, relieved by heat; ulcers with burning, lacerating pains, aggravated when the parts become cold, constantly extending in breadth; burning carbuncles, with great desire for liquor.

Aggravation in the evening and at night, periodical pains.

Amelioration by heat.

XIV.

Lilium Tigrinum.

By E. M. HALE, M. D.

The honor of introducing this remedy into our materia medica is due to Dr. W. E. Payne, of Bath, Maine. (See page 190.) Owing to his enthusiastic and industrious efforts, several provings of great value have been made. These provings are superior to nearly all our previous provings from the fact that the objective symptoms were noted, and certain pathological conditions recognized beyond controversy.

The sphere of action of lilium appears to involve the heart, and the sexual organs, and it affects these organs in a profound and peculiar manner. The high character of all the provers, and those who vouch for them, affords the strongest guarantes of their genuineness.

The tincture of the flowers, is the officinal preparation, but the tincture of the seeds may be more potent. The bulbous root is probably not medicinal, being eaten by the natives of China and Japan, where the plant is indigenous.

The following is a collection of the most notable symptoms obtained up to this time, excepting however, a large number which will appear in the complete resumé in the transactions of the American Institute for 1870. (See page 190).

Mental Sphere.

Do not care to be pleased; don't care to talk; desire to sleep; confusion of ideas; pressure and crazy feeling upon the vertex, so that she cannot write her symptoms (vv;) she wants somebody to talk to her and entertain her; feels quite nervous; feels hurried and yet incapable, as if she had a great deal to do and cannot do it; much thirst; drinks often, and much at a time; she is conscious of feeling nervous, irritable, and yet says she feels jolly; don't want to complain, and yet don't avoid people; she remarks that her symptoms are all worse when she gives up active resistance to them and control over herself, as for example, when she sits down to rest or tries to go to sleep; discouraged and despondent; averse to being along but does not dread it; wits and intuitions dull and languid; depres-

sion; desire for fine things of every kind; dissatisfied with what she has, and envious of others; while attending a lecture desire to strike the lecturer and in the evening a disposition to swear at every body and everything, and to think and speak of obscene things; languid, dull, and forgetful; despondency with aggravation at night; nervous tremulousness and inability to apply the mind; wild feeling in the head as though she would go crazy and no one would take care of her; thoughts of suicide.

Head.

Heat and pain in forehead and brow; severe blinding headache in the anterior part of the head; the peculiarity of which was a sensation as if all the blood were pressing out through every aperture; headache as if the head were too full of blood, as if the blood would issue from nose and ears (vv;) pressure from within outward (vv;) darting pains in different parts of the head; grumbling pain in the right side of head and teeth; the head grows "wild" after she has been quiet a short time; pressure and a crazy feeling upon the vertex, so that she cannot write her symptoms; dull and sharp pains particularly over the eyes; the pains, etc., of the head are heaviness, heat, fullness, dullness, right side mostly affected.

Eyes.

Dimness of sight (v.)

Mouth and Throat.

Much thirst; drinks often, and much at a time; nausea.

Stomach.

Eructations soon after taking the medicine; nausea with desire to vomit, but unable to do so (vvv;) bubbling sensation in the right hypochondrium; constant desire to vomit, with frequent hawking of mucus from the throat; great distension of the stomach, with frequent eructations and escape of flatus from the anus (vv;) (escape of flatus upward and downward was a very constant attendant while under the influence of the drug.)

Abdomen and Genital Organs.

At intervals the skin of the abdomen felt stiff and stretched; nausea, with bloated sensation in the abdomen, particularly across the hips and in the region of the uterus, with darting pains in different parts of the head; some tearing pain in the lower part of the abdomen, from the region of the ovary down both sides; pain in the

right iliac region; better during motion; increased depressing weight over the pubes, worse in evening; the dragging downward toward pelvis is felt as high as the stomach and even the shoulders; not relieved by lying down, though worse when standing; a disposition to place the hand upon the hypogastrium and press upward in order to relieve the dragging sensation; wants to cry from a feeling of irritation and of something wrong in the abdomen and pelvis; a sensation in the pelvis as though everything was coming into the world through the vagina (vv); a very distressing sensation, not relieved by change of position; also, an aching and pressure across the lumbar-sacral region and some pressure on the rectum; when walking, pain in both ovaries, worse in the left, extending down the anterior and inner aspect of the left thigh, as if it would be impossible to take another step; as soon as she extended the limb she must immediately flex it again, and then, because of a restless discomfort, must again extend it; she cannot tell which pelvic pain is the worse, that in back or that in the pubic region; the whole contents of the pelvis seem to drag downward and forward and quite from the epigastric region; feels bloated, but is not so; somewhat tender, on pressure, in region of the ovaries, especially the right; aching in the pelvis between promontory of sacrum and pubes; it feels to her as if the aching was not in the uterus but around it; she feels constantly the two spots corresponding to the ovaries; and which ache and feel like coals of fire; in the pelvis a feeling like a dragging out, as if the whole contents were pushing down into a funnel, the outlet of which coincided with the vagina (vv); pain in the right ovary as if a knife were inserted into the ovary and ripped down the groin and the anterior part of the thigh; the pain extended over the lumbar-sacral region, and she must cry herself to sleep; somewhat relieved by pressure on the ovarian region; menses occurred at the regular day, and normal, but only while she keeps moving; the flow ceases when she becomes quiet; sexual instincts, formerly dormant, are now quite strong; wits and intuitions dull and languid; leucorrhœa (a thin, acrid discharge leaving a brown stain; she never had it before) (vv); a burning pain across the hypogastrium, from groin to groin; menses recurred after an interval of two weeks; a slight, dark, thick and offensive discharge; pressing down in the pelvis and burning all around the pubes and genitals, worse from three to five P. M. (v); rumbling in the lower part of the bowels, more on the right side (vvv); abdomen tender to pressure occasionally.

Rectum and Stool.

Her bowels had been regular, but now she has alternately a solid and a loose stool, several during the day, and a constant feeling as though she must have a stool; this feeling resulting from a sensation as if something were pressing against the anterior wall of the rectum at the anus, and about one to three inches above it; for thirty-six hours constant desire for stool, from pressure on the rectum; a stool every half hour, lumpy, diarrhœic, with flatus, constant tenesmus, with burning in the urethra; diarrhœa in the morning; evacuations dark and hard, followed by heat in the rectum and anus, with slight pains in the abdomen.

Generative Organs.

[See "Abdomen and Genital Organs."]

Urine.

Frequent desire to urinate; worse during the day; weak, scanty discharge, followed by an acrid sensation in the urethra; tenesmus, resulting in passage of a little urine only; urine fetid.

Chest and Heart.

Pain through the heart to the back, and a feeling as if the heart were squeezed in a vise; short of breath, especially on going up stairs; heaviness in region of heart, and palpitation when lying on left side; worse when in bed, at night; heart's action intermittent; every intermission was followed by a violent throb (vv), causing an involuntary catching of the breath; at the same time the blood rushed up through the carotids to the head, producing great heat, and a crowded feeling of the head and face; pain about the heart was dull and pressive; pain in the heart interrupted its pulsations and breathing; constant heavy feeling in left side, in region of the heart.

Back.

Dull pain in lower back and sacrum (vv); constant pain between the hips (vv); cold feeling in the back, as of cold water poured down the back (vv); pain in the back (vv); pain in sacrum (vv); pain in lumbar regions (vv); dull, occasional, shooting pains across small of back (vv); dull, heavy pain and great weakness in small of back and loins.

Extremities.

During the night, a feeling in all the extremities as if the blood were pushed outward; restlessness; heat and pain in the forehead

and brow (v); pain extending down the anterior and inner aspect of the left thigh; cutting pain in the left mammary gland, with aching, beginning below the nipple, deep in the breast, as though between the gland and ribs, and extending around that side to the spine, seeming to press under the lower end of scapula, coming on after retiring, and worse when lying on the affected side.

Observations.

Dr. Carroll Dunham, writing of this medicine in the last November number of the *North American Journal*, makes the following excellent remarks concerning lilium, an analysis of its peculiarities and analogues:

"When taken in moderate doses the effects are not immediate. Days elapse before unmistakable symptoms of the drug action appear. But the effects are very persistent, as the record of every prover shows.

"They tend, moreover, to recur at longer or shorter intervals, and in groups which preserve a definite order.

"One prover reports a third occurrence of a group of symptoms nearly two months after the last dose of lilium.

"In male provers the same recurrence of symptoms in definite groups has been observed, with an interval of comparative freedom from symptoms.

"The simultaneous observation of these peculiarities in provers residing far from each other, and not known to each other, precludes any doubt of its genuineness.

"Of the symptoms observed by women, as well as men, the effects on the mind are noteworthy, and are of two varieties:

"First, as noticed by Dr. Payne, anxiety and apprehension that an incurable disease exists or is impending, and this produces despondency. Second, as exhibited most decidedly in one prover, though less pronounced in several others, a consciousness of an unnatural state of mind and feeling, which at last develops into an exalted condition, in which the prover is disposed to find fault with persons and things, to exaggerate her own importance and excellence, and look down upon others; conjoined with this is an exaltation of the sexual instincts. In several provers this state of things has resulted in hysterical paroxysms.

"In one prover it assumed such marked proportions that I was constrained to put an end to it by administering platina, the indications for which are evident from the mental symptoms. Intellectual

activity is impaired in both men and women. Both have complained of the feeling of hurry and restlessness, which was so well described by one of the provers.

"The most striking symptoms, and those most widely observed, relate to the pelvic organs. They did not generally present themselves until a number of days after the proving was begun. They consist of a dragging, or pulling, or forcing sensation in the pelvis, as though the entire contents of the pelvis were pulled down through the vagina, or would issue from the vulva. This sensation is not confined to the back or hips, nor again to the hypogastric region, but is described as pervading the entire pelvis. And the two provers, in whom this symptom was most marked, describe the dragging as coming even from the thorax, the mammary region and the shoulders. So marked is the sensation of downward and outward pressure that the provers place the hand on the hypogastrium, or the vulva, as though to prevent protrusion. In three provers, physical inspection revealed the existence of anteversio uteri, a trouble which none of them had ever before experienced.

"In this train of symptoms belong also the tenesmus of bladder and rectum, and the diarrhœa and frequent micturition. There is agreement of the provers respecting pains, burning or cutting, and tenderness in the region of the ovaries, especially of the right ovary.

"The symptoms generally are worse in the afternoon and before midnight, except the diarrhœa, which seems to be a morning diarrhœa.

"If now, with the light which these provings afford us, we seek to place lilium tig. in its appropriate niche in our materia medica, and to estimate its value by comparison with other drugs, we observe, first: The uniform occurrence, in so many provers, of pelvic symptoms, as well as the demonstration, by physical examination, of a uterine displacement, establish its *a priori* claim to rank among the remedies for prolapsus and displacement of the uterus, for catarrh of vagina and uterus, and for inflammation of the ovary. And if we run a parallel with the symptoms of other remedies we find marked peculiarities which characterize lilium.

"In the morning, diarrhœa coming suddenly and with tenesmus, it resembles podophyllum; and podophyllum has, likewise, a general bearing down in the pelvis, confined, however, to the lumbo-sacral region, while the mental and moral symptoms produced by podophyllum bear no resemblance to those of lilium. Moreover, in so far

as my own observation goes, podophyllum both produces and removes these pelvic symptoms only when they occur in connection with certain symptoms of the digestive tract such as lilium has no relation with.

"Sepia produces, certainly, a bearing down sensation upon the lumbar region, together with dragging and even sharp pains from the region of the ovaries extending downward to the pudenda, but besides, that sepia presents us no symptom of diarrhœa and irritation of rectum and anus, and no such leucorrhœa as lilium, the conditions are very different.

"The lilium pains are aggravated in the afternoon and before midnight. They grow worse during repose and when one's mind is passive; worse, therefore, on lying down and trying to compose one's self to sleep. Whereas, on the other hand, the sepia pains are worse from nine A. M. to noon, and are relieved by repose, being aggravated by motion and occupation. The state of mind produced by the two drugs is very different. Almost the same differences exist between lilium and pulsatilla. Belladonna resembles lilium in the bearing down sensation, both in the back and pubic region, and in the fact that there is not immediate relief from repose. But, on the other hand, lilium gives no evidence of that general affection of the organism, especially of the circulation, which accompanies every well pronounced group of belladonna symptoms. On the contrary, under lilium when the patient suffered most, nutrition and appetite were not impaired. They were even improved.

"It is probable that further provings of helonias dioica will show a strong analogy between it and lilium as regards their action on the female organism. We know enough already to recognize a difference in the mental symptoms. Lilium dulls the intellect, produces a sensation of hurry with inability, and a distress based on a clearly defined apprehension of having some fatal or serious malady. Helonias produces profound melancholy, deep, undefined depression, with sensation of soreness and weight in the womb, a "consciousness of a womb." Platina seems to me to present the strongest features of resemblance to lilium, both in the pelvic symptoms and in at least one phaze of mental symptoms, and the result of my trials with one prover, shows its power to antidote lilium. But platina does not present any of the symptoms of the intestinal tract which are so prominent under lilium, nor are its effects on the function of menstruation similar."

To the remarks above, I will add that the heart-symptoms of lilium tigrinum have a marked similarity with those of cactus grandiflorus. When the complete provings are published, the differences can be studied.

The sources from which the above symptoms were obtained are enumerated below.

1. Provings collected by W. E. Payne, M. D., of Bath, Me., 1867–8.
2. Provings collected by L. M. Kenyon, M. D., of Buffalo, 1869.
3. Provings collected by C. Dunham, M. D., of New York, 1870.
4. Provings collected by W. E. Payne, M. D., 1870.

XV.

Lilium Tigrinum (Tiger Spotted Lily.)

By WM. E. PAINE, M. D.*

Botanical Characteristics.

The lilium tigrinum is a well-known, showy, orange-colored, coarse-flowered, garden plant, very abundant in cultivation, and is a native of China and Japan. It belongs to the natural order, *liliaceæ*. The stem is from four to six feet high (varying in the rankness of growth in accordance with the quality of the soil in which it is planted), unbranched and woolly. Leaves, scattered, sessile, three-veined, the upper cordate-ovate; the axils bulbiferous. Flowers, large, in a pyramid at the summit of the stem, dark orange-colored, with black or very deep crimson, somewhat raised spots, which give the flower the spotted appearance of the skin of the tiger, and from which circumstance it has derived its name; perianth revolute and papillose within. It is hardy enough to thrive in open ground in the vigorous climate of the north, and is propagated by the bulbs produced in the axils of the leaves, as well as by those that surround the mother bulb. It blooms freely in July and August. The bulbs are said to be used by the Japanese as an article of food. It was first brought from China, and introduced into the royal botanical gardens at Kew, in 1804. A very good representation of the lilium tigrinum, may be found in the *Botanical Magizine*, plate 1237, taken, it is said, from the plant in the Kew gardens. See also accompanying illustrations. Owing to a general external resemblance, there is a liability, with those unacquainted with botany, of confounding this plant with the *Lilium Philadelphicum*. But the botanical distinctions are very marked, and easily recognized by those who have but a limited knowledge of botany.

The tiger lily, so far as known, has been regarded and cultivated only as a garden ornament. But it has been long known to botanists as belonging to a tribe of plants which has furnished several therapeutic agents of great value, of which the aloe; allium sativum (garlic); allium cepa (onion); scillæ maratima (squill); asparagus;

* Report of the Central Bureau of Materia Medica, to American Institute of Homœopathy, 1870.

dracæna draco (dragon's blood); and convallaria polygonatum (Solomon's seal); are conspicuous examples. The lilium candidum (white lily), which belongs to the same family, is also traditionally credited with important uterine medicinal properties.

In view, then, of this botanical relationship the inference was entirely legitimate that the lilium tigrinum possessed valuable medicinal properties. The reported death of a child in convulsions by eating the pollen of the flower, suggested the idea of proving the drug, and the hope of finding in it additional means of combatting the sometimes formidable convulsions arising from acute and chronic meningeal irritation, prompted the execution of the work. Though the hope is not realized in the proving, yet the promise in a class of diseases, which from their multiplicity have become the bane of female happiness, is sufficiently strong to inspire confident expectations that this drug will henceforth hold an important place in the homœopathic materia medica.

The provings, fifteen in all, were made with the tinctures or attenuations prepared therefrom of either the whole plant with the flowers combined, or the pollen alone, gathered in the months of August and September, when the plant was in full maturity. No difference was observed in the disease-begetting power of the plant and the pollen. Both seemed equally potent in developing symptoms.

Several of the provings were made under the supervision of our able colleague, Prof. Carroll Dunham, of New York city, the most important of which is indicated by the letter W; one, a very valuable proving, indicated by the letter F, under the direction of Dr. Wm. Gallupe, of Bangor, Maine, who is a careful observer; and one, indicated by the letter Y, under the eye of Dr. J. W. Savage, of Wiscasset, Maine, to each of whom, on behalf of the profession, as well as in acknowledgment of personal favors, I return sincere thanks.

In the arrangement, the object has been to preserve, as far as practicable, groups of symptoms as they successively appeared in the proving. In carrying out this plan, the same group, or a portion of it, has been repeated under different headings. This is more particularly the case under "Moral Symptoms and Reproductive Organs."

Here it seemed important to preserve the unity, as the relationship between the uterine functions and the mental and moral conditions is so intimate that the former cannot be long disturbed without

implicating the latter. Should the tiger lily, after sufficient trial at the bedside, be found worthy of a place in a future edition of the materia medica, a revision of the arrangement with reference to brevity can be made.

The original day-book of the provings is published in the *Transactions of the American Institute of Homœopathy* for 1871.

The following is a list of the

Provers.

Mr. F. G. Barker—*Bk.*
Mr. G. ———, a dentist—*D*
Dr. S. P. Graves—*G.*
Dr. J. W. Savage—*S.*
Dr. Samuel Lilienthal—*L.*
Miss Y., a teacher—*Y.*
Miss F.—*F.*
Mrs: Dr. N. W.—*W.*
Mrs. Dr. S. A. F.—*S. A. F.*
Mrs. Dr. C. L. B.—*L. B.*
Mrs. Dr. L. B. C.—*C.*
Mrs. B., student of med.—*B.*
Mrs. J. F., sudent of med.—*J. F.*
Mrs. P.—*P.*
Mrs. ———, a teacher—*T.*

Mind and Disposition.

Female.—Great depression of spirits, with fearfulness and apprehension of an impending fatal internal disease, or that it was already preying upon her; constant inclination to weep (very marked); blurred vision, all objects appearing very indistinct. (*Y.*)

Great anxiety of mind; constantly troubled; vexed feelings toward everybody; don't want to speak or be spoken to. (*F.*)

Irritable and impatient. (*F.*)

Despondent and gloomy, with loss of memory and great difficulty in expressing her thoughts, often selecting wrong words, but in making the correction would as often take other words quite as inappropriate; great fear and dread of insanity. (*F.*)

More active; things go easily. [First day.] (*W.*)

Does not want to be pleased, and don't want to talk, but wants to sleep, and, during sleep, very unpleasant dreams. [Sixth day.] (*W.*)

Wild feeling in the head, with confusion of ideas; pressure, and a crazy feeling on the top of the head, rendering her incapable of recording her own symptoms; fear of insanity, and that, should she become insane, there would be no one to take care of her; worse at night, but better in the morning. [Eighth day.] (*W.*)

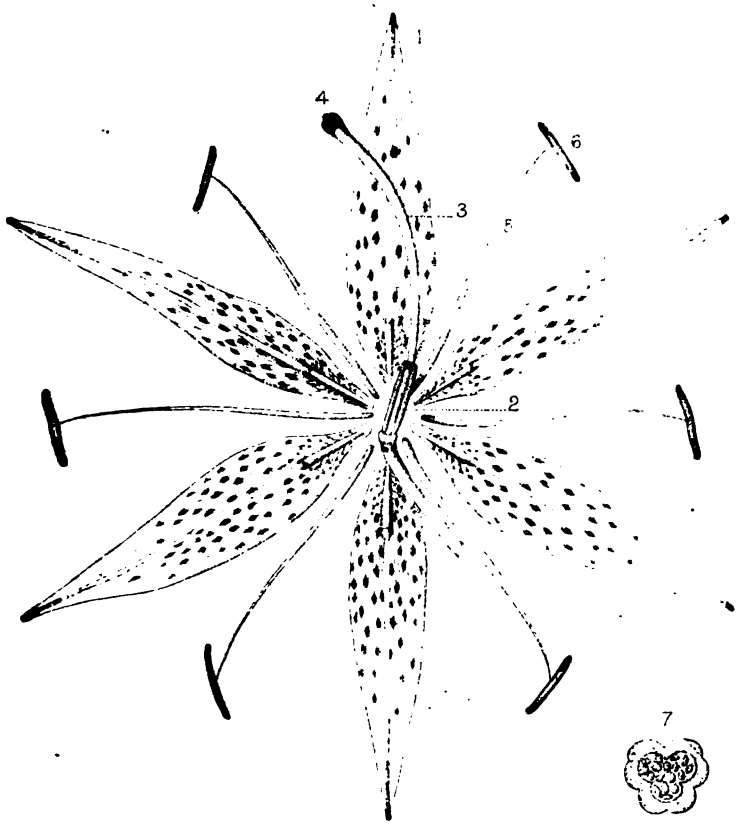
Opposite mental states; she feels nervous and irritable, and yet says she feels jolly. (*W.*)

Desires to do something, but feels no ambition. (*W.*)

Lilium tigrinum

Lilium tigrinum

Fig. 8



Lilium tigrinum.

(Tiger spotted Lily.)

Section ½ natural Size.

1. Sepal.
2. Ovary.
3. Pistil
4. Stigma.
5. Stamen.
6. Anther.
7. Cross Section of Ovary. (Enlarged.)

Wants somebody to talk to her and entertain her. (*W.*)

Feels hurried and yet incapable, as if she had something to do and could not do it. (*W.*)

Does not want to complain, and yet does not avoid people. (*W.*)

Aversion to being alone, and yet she does not dread it; tranquil; liked to see others and hear them talk. (*W.*)

Disposed to muse and dream; is awake, but seems to be asleep and afar off; seems to be two distinct personalities. (*W.*)

Great mental and bodily indolence; perceptive and reflective faculties seem to be benumbed, whereas, at first they were over active. (*W.*)

Cannot think; acts without thought; keeps walking fast as if by instinct; feels hurried, does not know why; is forgetful; cannot decide for herself; must depend upon others. (*W.*)

Hurried feeling, as though the breathing would be increased, yet it is not. (*W.*)

Conviction that the whole system is profoundly affected by the drug; that she is not the same person she was. (*W.*)

Discouraged; no heart nor strength to work; first few days of proving revolved thoughts of suicide, such as "should I throw myself into the river, would they try to find my body, and would any one care?" and "how much opium would put me to sleep for ever?" an entirely new train of thought. (*W.*)

Both the social and moral conditions were profoundly affected; dislikes to be alone, though formerly she preferred it, but has no dread of being alone; sexual desires strong, though formerly weak; can repress the desire by keeping very busy, but as soon as occupation ceases the desire returns in full force. (*W.*)

Wits languid and intuitions dull. (*W.*)

She feels greatly depressed with thirst and pressure on the bladder and rectum; thirst, depression of spirits and dullness of intellect always preceded the severe symptoms; listless and inert, yet does not want to sit still; restless, yet does not want to walk; cross and pettish, and with these symptoms a great craving for meat. (*W.*)

reads to speak lest she say something wrong, and yet has a great d re to talk; shooting pain in the right side of the head. (*W.*)

udden depression of spirits; loss of vigor; could sit down and c ; impatient with herself, and wants to tear about; feels hurried, c ld walk or run aimlessly for an indefinite period; desire for fine

things of all kinds, with dissatisfaction with what she has, and is envious of others. (*W.*)

While listening to a lecture, feelings of irritation in the region of the uterus suddenly seized her; with a desire to hit the lecturer and strike; later in the evening felt disposed to curse and swear, damn the fire and things generally; then to think and speak of obscene things; as these mental states came, the uterine irritation abated.

Languid and forgetful. (*W.*)

Felt cross and impatient with everything and everybody. (*W.*)

The will has not its usual control over the muscular system; felt hurried, must walk to and fro continually; could not get interested by thinking or reading; wants somebody to be with her and talk to her; felt that she should die and did not care if she did; wondered who would take care of her body if she did die. (*W.*)

Inability to apply the mind steadily, and to think clearly; with inability to recall facts perfectly familiar to her [toward evening of the second day] (*Mrs. J. F.*), great depression, with continued inability to apply the mind; nervousness; disposition to weep; severe pain in the back, and headache [toward evening of the third day].

Entirely incapacitated for mental labor; with aversion to speaking or being spoken to; wants to be left alone; does not want to think; sees many things to be done, but cannot force herself to do them; everything seems unreal; eyes look wild; have an insane look.

Male.—Irritable in the evening, with disagreeable dreams at night and unrefreshing sleep. (*Dr. L.*)

Irritable, depressed in body and mind, and unfit to work. (*Dr. L.*)

Not so irritable, but wants to be let alone; does not want the trouble to answer questions. (*Dr. L.*)

Taciturn and reticent during the day, with a burning, pressing headache which came on between five and six o'clock, P. M., affecting mostly the right side of the forehead, increasing in severity as the evening advanced, though it did not reach its former severity; great drowsiness. (*Dr. L.*)

Obtuseness of intellect, with inability to find the right words with which to express his thoughts; forgets what he is about to say; vertigo, especially when walking; a feeling as if intoxicated; staggering forward. (*Dr. L.*)

Ideas not clear, with great difficulty in concentrating the thoughts, nevertheless the thoughts come more readily by an effort of the will and by continued speaking. (*Dr. L.*)

Great fearfulness and apprehension that he was suffering from disease of the heart. (*Dr. L.*)

Disinclination to work, either mental or bodily. (*Dr. L.*)

Makes mistakes when speaking, using wrong words, with fullness and heaviness in the forehead, especially the left side; dim sight and weakness of the lower limbs, as if unable to support the body.

In half-waking dreams, occurrences which took place in quick succession seemed to be at very long intervals; for example, when his son got up to urinate, the intervals between getting up, urinating and going to bed again seemed very long. (*Dr. L.*)

Low spirited, can hardly keep from crying. (*T.*)

Great apprehensiveness as if some fearful calamity were impending, or that an incurable disease had already fastened itself upon him.

Great apprehensiveness of the prover that he had mistaken the nature of his heart symptoms, and that instead of medicinal symptoms he was suffering from organic disease of the heart. (*Dr. L.*)

Head.

Intense, blinding headache in the forehead, commencing between five and six o'clock, P. M., continued two hours, then changed to the back part of the head and extended down the neck, leaving a strange muddled feeling about the head, with general weakness and desire to lie down. (*F.*)

Dull pain in the head through the night, ameliorated in the morning at about eight o'clock, but returned again at six o'clock P. M., and continued through the night. (*F.*)

Headache, which had been moderate through the night, increased at five o'clock in the morning and continued till nine o'clock, leaving a dull, heavy feeling in the head. (*F.*)

Severe, hot, prostrating pain in the forehead, coming on between six and eight o'clock P. M., with great heat of the extremities, and pulsation over the whole body, continuing till morning, when the palms and soles become moist. (*F.*)

Burning headache through the sinciput, continuing into the night.

Head clearer in the morning. (*F.*)

Dull headache early in the morning. (*F.*)

Heavy feeling in the head, with morning diarrhœa, griping in the bowels, nausea and abundant saliva. (*F.*)

Pressing pain and heat in the forehead, continuing for several hours. (*F.*)

Shooting pains in the right temple at seven o'clock, P. M., passing over to the left, with a dull, heavy sensation in the whole front part of the head; great dimness of sight; intense pain in both eyes, extending into the head; pressing pains in the right arm and wrist; cramp in the fingers; cramp-like pain in the left mammæ and shoulder; dull pain in the back of the neck and feeling of constriction, continuing through the night. (*F.*)

Drawing, hot pain through the head and eyes, relieved by frequent sneezing, at ten o'clock, P. M. (See reproductive organs.) (*F.*)

Sore pain in the forehead and eyes; a sensation as if the part had been beaten. (*F.*)

Confused feeling in the head, with little pain. (*B.*)

Heavy feeling in the head. (*B.*)

Slight continuous pain in the forehead, particularly over the left eye. (*B.*)

Severe pain in the forehead, over the eyes, for more than an hour, then gradually abating. (*G.*)

A feeling in the head as if he had taken a severe cold, with stoppage of the nostrils. (*G.*)

Dull pain in the forehead over the eyes, commencing at noon, and continuing about two hours. (*G.*)

Dullness of the right side of the head, increasing to a sensation of pressure, inclining the head over to the left side. (*Dr. G.*)

Wild feeling in the head as though she would be crazy [see mind and disposition], better on rising the morning of the eighth day. (*W.*)

Head grows wild after keeping quiet for awhile [tenth day]. (*W.*)

Pressure and crazy feeling in the head, cannot write her symptoms. (*W.*)

Grumbling pain in the right side of the head, extending to the teeth of the same side. (*W.*)

Headache in the occiput, and over the eyes. (*W.*)

Pain in the occiput [twenty-seventh day] a returning symptom in the course of the proving. (*W.*)

Absence of feeling in the head, when the menses cease to flow.

Pain in the left side of the head, temple, parietal and malar bones when sitting idle, were all relieved by motion and occupation. (*W.*)

Pain all over the head, with a heavy sensation as if too full of blood; congested feeling as if blood would issue when blowing the nose; must support the head with the hands; worse when walking in the open air; better at sunset. (*S. A. F.*)

Dull frontal headache all day [first day].

Dull headache beginning in the forehead, and extended all through the head, worse on the left side [second day].

Same kind of headache, mostly confined to the forehead (third day). Fourth day the same; with stupid feeling, and nausea, coming and going suddenly. Fifth day the same; with yawning and stretching; severe chills toward evening; with severe constrictive pain in the heart, extending through to the left shoulder blade; heart feels as if squeezed in a vise, and shakes with the cold, though the weather is mild; inability to stand up and walk straight; nausea, better in a warm room.

Pain in the temples increased by pressure. (*Mrs. Dr. B.*)

Fullness in the head, with pressure from within outward, as though the contents would be forced through every aperture—the eyes, ears, nose, continuing for several days. (*Mrs. Dr. B.*)

Headache with pain in the back; very nervous; inability to apply the mind; depression of spirits, and disposition to weep, worse in the afternoon. (*Mrs. J. F.*)

Peculiar pressive headache, with tremulousness and increased flow of urine. (*Mrs. J. F.*)

Dull, heavy feeling in the head, as though her head would weigh too much; everything seemed unreal; sees many things to be done, but cannot force herself to do them; wants to sit quietly in a chair, without speaking or being spoken to; does not want to think; eyes have an insane look, her husband fears she will be insane. [Had such feelings once before, after protracted mental and bodily exertion.] (*Mrs. Dr. L. B. C.*)

Pressing sensation of fullness in the temporal region, with a bursting sensation; a feeling as if the contents of the skull would issue through the ears, and surrounding parts, relieved by pressure with the hands. (*Mrs Dr. L. B. C.*)

Head feels full, especially over the eyes. (*Dr. L.*)

Dull pressive aching, extending from the left temple over the ear to the occiput, coming in paroxysms. (*Dr. L.*)

Steady, dull, frontal headache, worse over the left eye. (*Dr. L.*)

Outward pressure in the whole forehead; with reeling and staggering and inclination to fall forward when walking; cold chills over the face, with heat and congested sensation in the chest; disagreeable dreams and unrefreshing sleep. (*Dr. L.*)

Great heat in the forehead; with burning, pressive pains, especially over the left eye; with itching in the right temple; grumbling bellyache, though there is but little inclination to stool. (*Dr. L.*)

Dull pain in the left temple, extending thence to the forehead; with vertigo when walking, and a feeling of intoxication; staggering forward face and forehead flushed and hot, and pricking sensation in the skin of the forehead. (*Dr. L.*)

Headache in the evening, with lachrymation; sensation as if a rubber band were stretched from temple to temple, and pricking sensation in the forehead. (*Dr. L.*)

Dullness of the head, a kind of dizziness apparently more in the eyes; better in the open air. (*Dr. L.*)

Frontal, stinging, burning headache; with a sensation as if a rubber band were stretched over the head; the head feeling so muddled that he could not lecture, could not concentrate his thoughts, but self-possession was regained as he went on. (*Dr. L.*)

Headache, worse in the open air. (*Dr. L.*)

Pressive pain at the angle between the forehead and left temple, digging down into the orbit, causing the prover to scowl and wink; the pains spread thence over the whole left hemisphere of the brain.

Dull frontal headache, worse on the left side; with lachrymation of the left eye, increasing in the evening. (*Dr. L.*)

Headache every evening. (*Dr. L.*)

Headache in the morning on waking, which gradually increased, when at noon it became very severe, passing from the forehead and temple to the protuberances of the occiput, dull, pressive and heavy, continuing through the afternoon, evening and night, with irritability of temper. (*Dr. L.*)

Screwing pain in the left protuberance of the occiput.

Drawing pain in the left of the nucha, which increased and became burning as from applied electricity, after going to bed; the whole neck felt lame and tired. (*Dr. L.*)

Dull headache; the paid moved continually from the sinciput to the occiput of the left side, but seemed at last to concentrate in the left temple, with frequent urination. (*Dr. L.*)

Momentary twitches throughout the day. (*Dr. L.*)

Dull pain in the left temple in the morning before rising, though the sleep was good; the pain changed to the right temple, then alternated between the two, worse toward evening, with stitches in the right hip joint coming and going throughout the day, and continued chilliness. (*Dr. L.*)

Continuous headache, with oppression of the chest which was temporarily relieved by singing. (*Dr. L.*)

Headaches gradually diminish, though they maintain usual character of evening aggravation; at the end of ten days only slight tenderness of the left side of the head, forehead and temple remained.

Heat with full and bloated feeling of the head and face. (*T.*)

Heavy, confused and crazy feeling in the head. (*T.*)

Sensation as if a fluid were rushing through the head from right to left. (*T.*)

Suspended the recurrence of sick headaches (to which the prover had been accustomed) during the whole course of the proving, and for some time longer. (*Dr. L.*)

**Headache cured.* (*G.*)

Scalp.—Fine rash-like eruption about the forehead, and around the border of the hair, with much itching. (*F.*)

Itching in the right temple.

Eyes and Sight.

Eyes.—Sore pain in the eyes and forehead, and a feeling as if the parts had been beaten. (*F.*)

Intense pain in both eyes, extending backward into the head; with great dimness of sight; shooting pains in the right temple, passing over to the left; crampy pain in the left mammæ and fingers of left hand, and pressing pain in the right arm and wrist, commencing at seven o'clock, P. M., and continuing through the night. (*F.*)

Pain over the eyes, continuing for about two hours. (*Y.*)

Sharp pain at six o'clock, P. M., over the left eye, abating after half an hour, but continuing through the evening, and disappearing after sleeping. (*Y.*)

Dull pain over the eyes, at two o'clock, P. M., continuing about two hours: with dull pain in the small of the back, and sacrum all the afternoon and evening; no desire for food; special dislike to bread; depression of spirits, and continued disposition to weep; pressing in the rectum and anus; chills in the back, particularly after going to bed at night, and hot flushes toward morning. (*Y.*)

Dull pain in the forehead, over the eyes, commencing at noon, and continuing about two hours, with pain in the back, and nausea; no appetite; depression of spirits, and disposition to weep.

Outer canthus of the right eye much inflamed, extending to the inner canthus, and agglutination of the lids; fourteen days later the inner canthus continues to feel raw, aggravated by cold, damp air.

Right eye very sensitive to gaslight, with intolerable burning pain subsequently extending to the left eye, and continuing for several days. (*Mrs. Dr. S. A. F.*)

Severe pressure in the right eye, continuing two hours.

Eyes very painful, smarting, must close them often; light painful, darkness pleasant. (*Mrs. Dr. C LéB.*)

Eyes feel very sore. (*Mrs. Dr. C. LéB.*)

Eyes look wild, have an insane expression; everything seems unreal; entirely incapacitated for mental labor; does not want to speak or be spoken to, or compelled to think; sees many things to be done, but cannot force herself to do them. (*Mrs. Dr. C. LéB.*)

Eyes full of water; with obtuseness of the head; cannot find the right words to express his ideas; forgets what he wants to say; face flushed and hot, and pricking sensation in the skin of the forehead.

Pains digging down deep from the left temple into the orbit, causing the prover to wink. (*Dr. L.*)

Eyes heavy, and eyesight dim the whole day after an unrefreshing night's sleep: with fullness and heaviness in the forehead, especially the right side; inability to concentrate the mind, makes mistakes in speaking, using wrong words; great weakness of the legs, as if they would not support the body. (*Dr. L.*)

Burning in the eyes, after reading or writing, and feeling of great general weakness. (*Dr. L.*)

Pain in the eyes, constant, very troublesome. (*T.*)

Pain over the eyes. (*T.*)

Sight.—Blur before the eyes after a night made restless by lascivious dreams and seminal emissions toward morning, attended by difficulty in keeping the mind fixed upon the subject under consideration, selecting wrong words with which to express his ideas.

Blurred vision, cannot see objects distinctly: with loss of appetite; aversion to coffee; nausea when thinking about it; frequent desire to pass urine, but in small quantities, faint in a warm room, and when standing, with cold perspiration on the back of the hands and feet; fearfulness and apprehension of some impending evil.

Dimness of sight; with intense pain in both eyes, extending into the head; shooting pain in the right temple, passing over to the left; crampy pains in the left mammæ and fingers, and pressing pain in the right arm and wrist, beginning at seven o'clock P. M., and continuing through the night. (*F.*)

Muscæ volitantes at various times. (*Mrs. Dr. S. A. F.*)

Great dimness of sight; eyes feel very sore. (*Mrs. Dr. C. LéB.*)

Eyesight, which was always weak, hypermetropic wearing $\frac{1}{14}$ glasses, is now much worse; this aggravation continued for more than four weeks, when the eyes had returned to their natural condition with this improvement; whereas, formerly she had a habit of turning the head toward the left when reading, in order to see the whole of a letter, for example, s p d and f u, when looking straight forward, could see only the straight part of the letter and not the curve; now can see the whole letter distinctly without looking sideways. (*Mrs. Dr. C. LéB.*)

Ears.

Rushing sound in both ears. (*B.*)

Nose.

Frequent sneezing at ten o'clock P. M., relieving a severe, burning headache, and pain in the eyes. (*F.*)

Sensation as if blood would issue from the nose when blowing it; with feeling of fullness and heaviness of the head. (*Mrs. Dr. S. A. F.*)

Constant desire to pick the nose. (*T.*)

Right nostril dry and closed up. (*T. and Y.*)

Feeling as of a severe cold in the head. (*Y.*)

Face.

Pain in the right side of the face, apparently in the cheek [malar?] bone; with stoppage of the right nostril, and feeling in the head as if she had taken cold. (*Y.*)

Heat and fullness of the face and head. (*Dr. S.*)

The left cheek bright red and hot in the morning on awakening.

Chills moving over the face, chillier all over than in cold weather; with dull, pressive frontal headache, outward pressure; broken sleep and disagreeable dreams. (*Dr. L.*)

Chilly feeling of the face in the forenoon, followed in the afternoon by fever; with congestion of the chest, slight momentary spasmodic twitchings around the heart; dull pain in the left temple, extending thence to the forehead; vertigo when walking, and a feeling as if intoxicated; face and forehead flushed and hot, and pricking sensation in the forehead. (*Dr. L.*)

Frequently recurring chilliness from the face downward; with constriction of the chest as if too narrow, and could be relieved only by letting out the blood. *Dr. L.*)

Chills in the face. (*Dr. L.*)

Heat, with full and bloated feeling of the face and head. (*T.*)

Jaws and Teeth.

Grumbling pain in hollow teeth. (*F.*)

Dull pain in the jaw of right side; with sensation as if the teeth were elongated. (*F.*)

Grumbling pain in the teeth of the right jaw, with pain in the right side of the head. (*Mrs. Dr. N. W.*)

Mouth and Throat.

Coated feeling in the mouth and fauces. (*B.*)

Hawking mucus from the throat, with constant disposition to vomit. (*Dr. S.*)

Taste and Appetite.

Taste.—Taste of blood in the mouth; with severe congestion of the chest; weak beating of the heart; severe one-sided headache; dizziness; blur before the eyes; faint feeling, with fear of falling, aggravated in a close, hot room, ameliorated when fresh air strikes the uncovered head and face, and by walking, though the cool air produces chilliness; symptoms gradually increasing, then gradually decreasing. (*Dr. L.*)

Appetite.—Very little appetite, and soon satisfied. (*F.*)

She ate as much as usual, but without appetite. (*Mrs. Dr. N. W.*)

No appetite. (*Mrs. Dr. B.*)

Cannot eat, feels hurried and like walking fast. (*Mrs. Dr. N. W.*)

Loss of appetite; after a restless night in consequence of lascivious dreams and seminal emissions which occurred toward morning.

The usual cigar is nauseous, and produces water brash. (*Dr. L.*)

Great appetite. (*Mrs. Dr. N. W.*)

Great craving for meat, and the more pronounced the symptoms, the greater the desire. (*Mrs. Dr. N. W.*)

Voracious hunger, seemingly in the back, extending along the vertebral column, and up to the occiput, not appeased by eating.

Loss of appetite, with nausea after eating. (*T.*)

Great aversion to coffee (a favorite beverage), and nausea when thinking about it, continuing three or four weeks after the last dose of the drug. (*Y.*)

Loss of appetite, and aversion to bread particularly, continuing for three weeks after the last dose of the drug, with depression of spirits; disposition to weep; pressing in the rectum (from *prolapsus uteri?*) cold chills in the back, particularly after going to bed, with hot flushes toward morning. (*Y.*)

Anorexia. (*Y.*)

Loss of appetite cured. (*D.*)

Thirst.—Great thirst, drinking often and much. (*Mrs. Dr. N. W.*)

Great thirst, with despondency and dullness of intellect, always recurring just preceding the development of the severe symptoms of the drug.

Gastric Symptoms.

Eructations.—Eructations from the stomach immediately on taking the drug. (*Dr. S.*)

Eructations, with heavy, dull feeling in the stomach.

Frequent eructations, with great distention of the stomach, and escape of flatus from the rectum [constant during the proving]. (*Dr. S.*)

Nausea; slight nausea. (*Dr. S.*)

Nausea, with great desire to vomit, but unable to do so. (*Dr. S.*)

Constant nausea, with the sensation as of a lump in the stomach, which moved down at every attempt to swallow, but immediately returned. (*Y.*)

Nausea when thinking of coffee, a favorite beverage. (*Y.*)

Nausea, with pain in the back; aversion to food; depression of spirits, and disposition to weep. (*Y.*)

Constant desire to vomit, and hawking of mucus from the throat.

Nausea, with morning diarrhœa, griping in the bowels, abundant saliva, and heavy feeling in the head. (*F.*)

Sweetish nausea, no desire to vomit, with feeling of fullness of the abdomen after eating very little; eating does not increase the nausea; nausea and full feeling in the abdomen subside after discontinuing medicine two days. (*Mrs. Dr. N. W.*)

Constant nausea, with pressure in the vagina, and pain at the top of the sacrum. (*Mrs. Dr. LéB.*)

Stomach.

Fullness and disturbed feeling of the stomach after eating, with upward pressure. (*F.*)

Great distention of the stomach, with frequent eructations and escape of flatus from the rectum. (*Dr. L.*)

Uncomfortable feeling in the stomach and bowels; drawing in the right inguinal region; great weight and bearing down in the lower part of the bowels; short and oppressive breathing, and frequent stitches in the left mammæ, aggravated after two o'clock P. M. (*F.*)

Hollow, empty sensation in the stomach and bowels. (*F.*)

Great distention of the stomach and abdomen, with flatulent movements, relieved by passing wind up and down. (*T.*)

Abdomen.

Bloated feeling of the bowels after a meal, continuing after a diarrhœic discharge. (*F.*)

Flatulent movements in, and bloated sensation of the bowels after every morning's diarrhœic stool. (*F.*)

Burning heat extending from the rectum upward into the bowels after every loose evacuation, in the morning, continuing for several hours. (*F.*)

Griping pain in the abdomen, commencing at three to five o'clock P. M., increasing till late in the evening, and ending with a free bilious evacuation, which evacuation was followed by smarting in the rectum. (*F.*)

Griping pain in the abdomen after each morning diarrhœic discharge, with nausea, abundant saliva and heavy feeling in the head.

Grasping pain in the left side of the abdomen near the left inguinal region, with pain in the right hip extending down the thigh, continuing throughout the day. (*F.*)

Full and disturbed feeling in the abdomen most of the time, with great weakness and trembling. (*F.*)

Great distention of the abdomen and stomach, with flatulent movement, relieved by passing wind up and down. (*F.*)

Heavy, dull feeling in the left side of the abdomen. (*F.*)

Pressure downward in the lower part of the abdomen, almost constant, with pressure in the rectum, and desire to go to stool. (*F.*)

Rumbling in the left side of the abdomen, with loose stool in the morning. (*F.*)

Sharp, cutting pain across the lower part of the abdomen, seemingly proceeding from the left ovary. (*F.*)

Weak, tremulous sensation of the bowels, extending to the rectum, continuing through the night. (*F.*)

Sharp pain in the right side of the abdomen between the short ribs and hip, running toward the center of the bowels. (*F.*)

Intensely sharp pain in the right side between the hip and false ribs, extending forward to the umbilicus. (*B.*)

Sensation in the abdomen as if diarrhœa would come on, sometimes several times a day, passing off by urinating only. (*F.*)

Dragging down sensation of the whole abdominal contents, extending to the organs of the chest, feeling greatly the need of support.

Distention of the abdomen, with full feeling of the chest every forenoon. (*F.*)

Empty feeling of the abdomen and stomach. (*F.*)

Painful drawing about the left inguinal region, extending to the pubis. (*F.*)

Much flatulent movement in the bowels. (*F.*)

Skin of the abdomen feels as if stretched and stiff, with a similar feeling in the upper part of the breast. (*W.*)

Bloated feeling of the abdomen in the region of the uterus, extending to the hips, with nausea and darting pains in different parts of the head [the seventh day after repeating the medicine]. (*W.*)

Tearing pain in the lower part of the abdomen, in the ovarian regions, extending downward. (*W.*)

Severe cutting pain in the bowels, beginning at eight o'clock in the evening; extremities cold and clammy; sudden chills, not fol-

lowed by fever, but with fullness of the head. The pain was relieved by nux vom. (*Mrs. Dr. B.*)

Pain in the right iliac region, with wild feeling in the head; worse by quiet, better by motion. (*Mrs Dr. W.*)

Depressing weight over the pubic region, with aching pain in the knees, felt after eating supper. [Tenth day.] (*Mrs. Dr. W.*)

Sensation as if the bowels were greatly bloated, but they are not so.

Pulling downward and backward from the anterior superior spinous processes of the ilium in both sides. (*Mrs. Dr. W.*)

Feeling of great distention and soreness of the abdomen, after the menses cease to flow. (*Mrs. Dr. W.*)

Bloated feeling of the abdomen, which the prover thinks is the result of the development of the uterus and appendages. (*Mrs. Dr. W.*) [See reproductive organs.]

Constant burning pain across the lower part of the abdomen from groin to groin.. (*Mrs. Dr. W.*)

Abdominal muscles unbearably sore just previous to stool; she can hardly keep from screaming, yet during stool the soreness seems less.

Trembling of the abdomen, lower part of the back and knees.

Burning pain across the abdomen, and in both ovaries, with diarrhœa; four loose (but not watery) dark brown stools, very urgent, cannot wait a minute; sharp, lancinating pains, extending from the left hypochondrium to the crest of the ilium. (*F.*)

Grumbling bellyache (*iris versicolor*), with but slight inclination to stool. (*Dr. L.*)

Bubbling sensation in the right hypochondrium. (*Dr S.*)

Trembling sensation in the abdomen. (*Miss Y.*)

Weakness and trembling in the bones. (*Miss Y.*)

Bowels very uncomfortable. (*Dr. S.*)

Bowels feel as if swollen. (*Miss Y.*)

Abdomen tender to pressure. (*Dr. S.*)

Slight pain in the bowels, with rumbling, mostly on the right side.

Moving of flatus in the bowels, and feeling of fullness. (*Dr. S.*)

Much trembling in the bowels. (*Dr. S.*)

Rumbling in the lower part of the bowels, more on the right side.

Colicy feeling, rendering full breath impossible. (*Dr. S.*)

Heat and pressure in the hypogastrium. (*Dr. S.*)

Slight pain in the abdomen after stool. (*Dr. S.*)

Intermittent, sharp pain across the lower bowels. (*B.*)

Pressure downward and backward against the rectum, aggravated by standing; relieved by walking in the open air or riding. (*Miss Y.*)

Downward pressure in the lower bowels, worse when standing.

Stools.

Loose, bilious stools, followed by smarting in the rectum [constant throughout the proving]. (*F.*)

Every morning immediately after rising, diarrhœic discharges from the bowels, with an acrid sensation in the rectum, as if a hot spray were thrown upon the parts, and the same acrid, smarting sensation in the urethra after every passage of urine [constant]. (*F.*)

Dark colored and very offensive stools in the morning on rising, followed by smarting and burning sensation extending from the rectum high up into the abdomen, continuing for several hours. (*F.*)

After stool, bloated sensation in the bowels, and flatulent distention.

Morning diarrhœa, followed by an acid smarting sensation in the rectum, and attended with great weakness and trembling. (*F.*)

The bloated feeling of the abdomen and soreness to touch relieved by a loose evacuation. (*F.*)

Morning diarrhœa continues, but with less smarting in the rectum after stool. (*F.*)

Smarting in the rectum after morning diarrhœa, which had abated, returns. (*F.*)

Morning diarrhœa, with griping in the bowels and rasping sensation the rectum, after every evacuation; nausea and abundant flow of saliva. (*F.*)

Small, loose stools in the morning, with painful desire, smarting in the rectum and uncomfortable sensation in the bowels. (*F.*)

Morning diarrhœa, with cramp in the legs and feet after the discharge, with yawning and stretching all over. (*F.*)

The morning diarrhœa, followed by smarting in the rectum, together with the urinary tenderness and smarting, continued to recur more than six weeks after the last dose of the drug. (*F.*)

Several loose stools a day, alternately loose and solid, with constant inclination as from something pressing on the anterior wall of the rectum. The bowels are naturally regular. (*W.*)

Great desire for stool at ten o'clock A. M., with constant pressure in the rectum. (*W.*)

During the day time a stool every half hour, lumpy, small and diarrhœic with escape of flatus; constant tenesmus and a feeling as though she could sit on the stool forever, and burning in the urethra.

Continued diarrhœa.

Abdominal muscles unbearably sore just before stool, but less so during stool. (*W.*)

Four loose, dark brown stools in the morning, very urgent, cannot wait a minute, with burning pain across the abdomen and in both ovaries. (*W.*)

Urgent desire to go to stool; cannot wait. (*Y.*)

Tenesmus, and great desire to go to stool, but every effort resulted in the voiding of a little urine only. (*Y.*)

A sensation as if diarrhœa were coming on, nevertheless it did not.

Violent emission of flatus. (*Dr. L.*)

Escape of flatus with great distention of the stomach, and frequent eructations. (*Dr. S.*)

Stools dark and hard. (*Dr. S.*)

Anus and Rectum.

Smarting, acrid sensation at the anus and in the rectum after every loose, bilious discharge, which occurred every morning [constant throughout the proving]. (*F.*)

Tremulous and weak feeling at the anus, and through the bowels, at night. (*F.*)

Rasping sensation at the anus and up the rectum after every diarrhœic discharge. (*F.*)

Smarting at the anus after every small loose stool in the morning, with painful desire. (*F.*)

Constant tenesmus; felt as though she could sit on the stool forever, with burning sensation in the urethra. (*W.*)

Pressure in the rectum, with almost irresistible desire to go to stool; constant sensation in the abdomen as if diarrhœa would come on, continuing for several days, but relieved for a short time by passing a small quantity of urine. (*F.*)

Severe pressure in the rectum and at the anus. (*Y.*)

Tenesmus and great desire to go to stool. (*Dr. S.*)

Pressing down at the anus, not much relieved by lying down.

Heat in the anus and rectum after stool. (*Dr. S.*)

Urinary Organs.

Frequent inclination to void urine, with scanty discharge, followed by smarting in the urethra [constant]. (*F.*)

Frequent desire to urinate in the latter part of the night and early morning, with acrid, smarting sensation after every discharge. [The acrid, smarting sensation always occurs after, and not during the flow.] (*F.*)

Urine milky in appearance when first discharged, but, on cooling, deposits a thick, reddish sediment. (*F.*)

Urine scanty, milky, thick and roiled in appearance when cool, with frequent desire to pass it, and every passage followed by smarting and burning in the urethra. (*F.*)

Urine more copious and clear, but the same smarting in the urethra follows every discharge. (*F.*)

Urine diminished in quantity, but frequent, though there is less of the smarting after voiding it. (*F.*)

The smarting after passing urine returns, the odor is strong, but the urine is clear. (*F.*)

The urinary tenesmus and smarting after every passage, together with the morning diarrhœa, and acrid smarting in the rectum, continues to recur for more than six weeks after the last dose of the drug was taken. (*F.*)

Burning in the urethra with constant tenesmus. (*W.*)

For several days continuous pressure in the region of the bladder; constant desire to urinate, with but scanty discharge; smarting in the urethra, and tenesmus. (*W.*)

A feeling of irritation in the bladder, with inclination to urinate; but can control the desire by an effort of the will. (*W.*)

Urine increased and dark colored. (*W.*)

Pressure on the bladder and rectum [see moral symptoms]. (*W.*)

Burning, hot urine, flowing more like boiling oil than like water.

Frequent desire to urinate through the day, with smarting in the urethra; if the desire is not immediately attended to, a feeling of congestion of the chest ensues [male]. (*Dr. L.*)

Frequent urination through the day, with dull headache, which continually moves from the sinciput to the occiput, and finally concentrates in the left temple. (*Dr. L.*)

Frequent but scanty urination. (*F.*)

Passing urine relieves a sensation in the bowels, as if diarrhœa were coming on. (*F.*)

Micturition scanty and frequent. (*Y.*)

Copious flow of urine. (*B.*)

Urine copious the second day after each dose. (*Dr. G.*)

Urine high colored. (*Dr. G.*)

Urine remarkably clear and white. (*B.*)

Reproductive Organs.

Vagina.—Itching and smarting of the labia, with great uneasiness of the parts. (*F.*)

Smarting and feeling of irritation of the labia, with great heat, as though the parts were inflamed, and sharp, incisive pains extending upward into the vagina. (*F.*)

Great tenderness to touch of the whole sexual organs. (*F.*)

Pressure and weight low down in the vagina. (*S. A. F.*)

Pressure in the vagina, and pain at the top of the sacrum extending to the hips; worse on going to bed, preventing sleep; with wild feeling in the head as though she would be crazy, and haunted with the thought, that should she lose her reason, there would be no one to take care of her; dreaming when asleep; constant nausea; better on rising. (*W.*)

Rash like eruption upon, and swelling of the labia, produced apparently by an acrid, excoriating leucorrhœa flowing over the parts.

A discharge of bright red blood from the vagina [for the first time in two years], with dull, heavy pain, and great weakness in the small of the back and loins, continuing without interruption the four following days. (*Y.*)

Uterus.—Pain in the sacrum, with a sensation of weight and downward pressure in the lower part of the abdomen (pelvis) which continued for six days, very severe; worse when standing. (*Y.*)

Bearing-down in the lower part of the abdomen for more than twenty days, with constant nausea; a sensation as of a lump in the center of the chest which moved downward by empty swallowing, but immediately returned; severe pressure in the rectum and at the anus, and a constant desire to go to stool, but with every effort to evacuate the bowels, a little urine only was discharged; sensation as if a hard body were pressing backward and downward against the rectum and anus, [in three provers] standing aggravated and increased

the desire to go to stool; somewhat relieved by walking in the open air, and riding; bowels distended; trembling sensation in the abdomen with chilliness; cold feet and hands; urgent desire to go to stool, cannot wait; when at stool, severe downward pressure of the bowels, and at the anus, with a feeling as if diarrhœa would ensue, but no fecal evacuation, only urine; loss of appetite; aversion to coffee and bread, nausea when thinking of them; frequent passing of urine in small quantities; faint in a warm room, and when standing, with cold perspiration on the back of the hands and tops of the feet; blurred vision; depression of spirits; constant inclination to weep, with great dread of impending evil, and apprehension that she had already upon her a terrible and incurable disease [very marked in nearly all the provers]. An examination per vaginam found the uterus low down, the fundus tilted forward, and the os uteri pressing hard upon the rectum, allowing but a difficult passage of the index finger between the os and the rectum. Under the use of helonias dioica, the uterus returned to its natural position in a few days. (*Y.*)

Great weight and pressure in the region of the uterus, with downward pressure as though the whole contents of the abdomen would pass out through the vagina. (*F.*)

Bearing-down when standing, with shooting pains in the left ovary; the bearing-down is relieved by sitting down, and by pressing upward with the hand hard against the vulva. (*F.*)

Great bearing-down in the uterine region, with a sensation when on the feet as though the whole pelvic contents would issue from the vagina if not prevented by hard pressure with the hand against the vulva, which there was a constant and uncontrollable inclination to do.

Severe dragging-down sensation in the whole sexual organs, with a feeling as though the whole internal parts were being pulled downward from the breasts and umbilical regions, through the vagina, and an uncontrollable desire to press the hands against the vulva to prevent the parts from escaping, with irritability of temper, anxiety, and dread of impending evil [constant throughout the proving]. (*F.*)

A swollen sensation in the whole of the pelvic organs. (*F.*)

Great weight and pressure in the uterine and left ovarian regions which continued to recur at intervals for a long time after the last dose of the drug was taken. (*F.*)

Bloated feeling in the region of the uterus, with full feeling in the abdomen, and darting pains in the head, very soon after repeating the drug. (*W.*)

Bearing-down in the pelvis as though everything would come into the world through the vagina; with the feeling as if the whole pelvic contents were being dragged downward from the stomach, and even the chest and shoulders, increased by standing, walking, and riding; very distressing at night, not relieved by lying down, nor by change of position; an involuntary disposition to place the hand upon the hypogastrium and press upward to relieve the dragging down sensation; a forcible inspiration seemed also to relieve the pelvic pressure by expanding the thorax; aching and pressure across to lumbo-sacral region; constant pressure upon the rectum as if she must hurry to stool; this sensation of pressure is as if some hard body were pushing against the anterior wall of the rectum, two or three inches above the anus, as well as at the anus; several stools a day alternately loose and solid [very unusual]; opposite and contradictory mental states alternating. (*W.*)

Aching in the pelvis, apparently around and not in the uterus, with a sensation as if the uterus and appendages were swollen. (*W.*)

Dragging-out, feeling in the pelvis as though the whole contents were being dragged downward into a funnel, the outlet of which corresponded with the vagina [Helonias ²ᶜ] greatly relieved this sensation, though there was still constant apprehension that the bearing down in the vagina would return. (*W.*)

After three days intermission the bearing down did return; everything seemed to be pressing out through the vagina, and after four days continuance this bearing down changed into intermittent labor like pains in the lower part of the back, attended and followed by a thin, acrid leucorrhœa, which left a brown stain upon the linen; she mistook the discharge for returned menstruation which had ceased but a week previous; all the symptoms worse in the afternoon and evening till midnight, then better till the next afternoon, when all the symptoms of the previous day returned, leucorrhœa more excoriating, producing a rash like eruption and swelling of the labia. The pelvic pains resemble those of an imminent miscarriage, preventing sleep. (*W.*)

Bearing-down pains aggravated by walking. (*S. A. F.*)

Bearing-down pains is if menstruation were coming on, with constant pain low down in the back bone, between the hips. (*T.*)

Severe neuralgic pains in the uterus, could not bear to be touched, moved, nor even the weight of the bed clothes; the slightest jar of the bed was torture. This condition continued an hour and a half,

and suddenly passed off without leaving any lameness of the parts. On examination, the uterus was found to be in an anteverted position.

[*Anteversion of the uterus was found to be present in three provers; and resting a diagnosis upon well proved subjective symptoms, there can be but little doubt that this condition of the uterus existed in a fourth case, though, owing to extreme sensitiveness of the prover, it was not verified by touch.*]

Leucorrhœa.—Thin, acrid leucorrhœa, which from leaving a brown stain upon the linen was mistaken for a return of menstruation, though the menses had ceased but a week before; the leucorrhœal discharge attended and followed severe bearing-down pains in the uterine region; the bearing-down pains, four days later, culminated in severe labor like pains simulating those of an imminent miscarriage, worse in the afternoon till midnight, then better till the next afternoon, when all the symptoms of the previous day returned; the leucorrhœa becoming more acrid and excoriating, producing a rash like eruption, and swelling of the labia. (*W.*)

Bright yellow leucorrhœa, excoriating the whole perinæum; with scanty mensturation, not one-fourth part as much as usual.

Profuse acrid leucorrhœa following immediately the cessation of the menstrual flow. (*Mrs. Dr. B.*)

[This prover reported herself better in health after the effects of the drug had passed away than she had been for two years.]

Ovaries.—Dull, drawing pain in the left ovarian region, relieved by gentle pressure on the part with the hand. (*F.*)

Sharp pain in the left ovarian region; with itching and smarting of the labia; great uneasiness of the parts, and sharp pains extending up the vagina. (*F.*)

Great tenderness from pressure over the left ovarian region; with darting pains extending to the groin of that side, and the pubes in front, and frequent desire to pass urine, which was small in quantity, and followed by an acrid, smarting sensation in the urethra, continuing for several minutes. (*F.*)

Stinging and darting pains in the left ovarian region throughout the day. (*F.*)

Sharp, cutting pains in the evening and night in the left ovarian region, extending across the lower part of the abdomen to the right; better by gentle rubbing with the warm hand. (*F.*)

Grasping pains in the left ovarian and inguinal regions, extending to the hip and down the thigh, continuing throughout the day. (*F.*)

Continued stinging sensation in the left ovarian region; with a sensation of fullness and voluptuous itching in the vagina, arms stiff and painful; tight, painful drawing through the forehead and eyes, and hot pain through the whole head, relieved by frequent sneezing, at ten o'clock P. M. (*F.*)

Shooting pains in the left ovary; with bearing down when standing, relieved by sitting down, and by pressing upward with the hand against the vulva. (*F.*)

Grasping pains in the left ovarian region, extending across the lower part of the abdomen to the right; very sensitive to hard pressure, but the pain was mitigated, by gentle rubbing and moderate pressure. (*F.*)

[The sensation of weight and bearing down, in the uterine region, and pains of various kinds in both the left ovary and left mammary gland, were almost constantly present with this prover, and continued to recur a long time after the last dose of the drug was taken.]

Tearing pains in the ovarian regions of both sides. (*W.*)

Pains mostly in the right ovary, but some days later it was most severe in the left, extended down the anterior and internal side of the left thigh, with aggravation by walking, seeming, when one step was made, that another could not be taken; nevertheless, a feeling of restlessness compelled her to extend and flex the limb as in walking; this disposition she could not resist, though she knew the effort would be followed by greater pain; the *effort*, rather than the *act* of moving the limb, seemed to aggravate the pains. She could not decide which pelvic pain was worse, that in the back or that in the front. (*W.*)

Tenderness on pressure in the ovarian region, especially in the right. (*W.*)

Aching in the left ovary, which steadily increased, till, at last, it seemed as though a knife were being plunged into the ovary, and the parts ripped down to the groin and anterior part of the thigh; the pains extended to the lumbo-sacral region, and upward to right hypochondrium, somewhat ameliorated by pressure over the ovary; she was obliged to lie down, and felt so depressed that she cried herself to sleep. (*W.*)

Pain in the right ovary, with backache. (*W.*)

Burning pain in both ovaries in the morning, with burning higher up in the abdomen, and four loose, dark brown stools before eleven o'clock A. M.; stools very urgent, could scarcely wait. (*W.*)

Gnawing pain in the right ovarian region, with a dragging sensation, aggravated by walking, and a sensation as if something were shaking loose in that region whenever the right foot was planted heavily upon the floor or ground as in walking; also gnawing pain in the back, worse in bed, and continuing all night. (*Mrs. Dr. L. B. C.*)

Catamenia.—Menstruation came on at the usual time, normal in quantity, and continued to flow as long as she kept moving about, but ceased to flow whenever she ceased walking. (*W.*)

Menstruation returned [hemorrhage?] after having been absent two years in the case of a person who had passed her climacteric.

Menstruation returned in two weeks, slight in quantity, dark in color, thick, with odor like that of the lochial discharge. (*W.*)

Two weeks before the regular time, a sensation in the lower part of the abdomen as if menstruation were coming, but it did not appear. (*W.*)

First month menstruation too early by five days; second month delayed one day; third month one day too early. (*S. A. F.*)

Menses delayed four days, then scanty and of short duration. [Very unusual.] Second day, after time to menstruate, at eight o'clock P. M., was suddenly seized with severe cutting pain in the bowels, extremities cold and clammy, and attended with chills and fullness of the head, but no fever heat; relieved by nux vom., and slept through the night, but awoke next morning weak and tremulous, as from a fit of sickness. (*Mrs. Dr. B.*)

Menstruation too scanty, not one-fourth part as much as usual, followed by profuse bright yellow leucorrhœa, so acrid as to excoriate the perineum. (*Mrs. Dr. L. B. C.*)

Menstruation was scanty in three provers.

When the menses ceased flowing, there came on a feeling of fullness and soreness around the abdomen, at the same time absence of feeling in the head. (*W.*)

Sexual Instinct.

Female.—Voluptuous itching in the vagina, with feeling of fullness of the parts; continued stinging sensation in the left ovarian region; arms stiff and painful; tight, painful drawing in the forehead and eyes; hot pain through the whole head, relieved by frequent sneezing at ten o'clock P. M. (*F.*)

Increased sexual desire. (*W.*)

Sexual desire strong, though formerly not so; can repress it by

keeping very busy, but as soon as occupation ceases the desire returns in full force. (*W.*)

Male.—Sexual desire, which has been dormant for years, roused into activity. (*Dr. L.*)

Lascivious dreams, with seminal emissions toward morning, followed by weakness and a feeling of irritability, and great difficulty in keeping his mind fixed upon the subject under consideration, frequently selecting wrong words to express his idea. (*Dr. L.*)

Mamma.—Pain in the left mamma. (*F.*)

Severe cutting pains in the left mammary gland, extending through to the left shoulder blade, aggravated by lying on the left side [constant throughout the proving]. (*F.*)

Severe pain and sensation of heaviness in the left mamma with a sensation as if the heart were grasped; the pain extended backward to the left shoulder blade, and down the side to the lumbar region.

Sharp, cutting pains in both mammary glands, extending from the left mamma through to the left shoulder blade, and to the spine, (ameliorated by change of position), with hard breathing, frequent desire to make a deep breath, sighing, restless sleep, frightful and laborious dreams, and no sleep after two o'clock A. M. (*A. M. F.*)

Frequent stitching pains in the left mamma, with drawing sensation extending to the shoulder and neck, worse after two o'clock P. M.; also short breathing, oppression of the chest, and uncomfortable feeling in the stomach and bowels; drawing in the right inguinal region; hot hands, and great weight, and bearing-down sensation in the lower part of the abdomen. (*F.*)

Dull pain and constricted sensation in the left mamma and side, with oppressed breathing; worse when lying down. (*F.*)

Cramp-like pain in the left mamma, shoulders and fingers; with shooting pains in the left temple, passing over to the right; dimness of sight, and intense pain in both eyes, extending backward into the head from seven o'clock, P. M., till morning. (*F.*)

Left mammary gland painful, with drawing sensation in the left armpit and shoulder. (*F.*)

Pain in the left mammary gland, and around the left shoulder blade continued to recur a long time after the last dose was taken.

Pubis.—Depressing weight over the pubis, after supper; with pain in the knees. (*Mrs. Dr. N. W.*)

Clinical.—In several cases of delayed post-partum recoveries, the

lilium has accomplished all that could be desired. When the uterus is slow in returning to its normal condition; the lochial discharge continues too long, is profuse and excoriating; pain in the back and hips, bearing down and dragging from high up, when in an upright position or at stool, as if the whole pelvic organs would escape through the vagina if not prevented by firm pressure with the hand against the vulva; painful smarting in the urethra after passing urine; constipation with itching, painful hemorrhoids, or morning diarrhœa; fears the presence of an internal disease from which she never will recover, and dreads insanity. Lilium tigrinum[30], effected a prompt change for the better.

Respiratory Organs.

Larynx and bronchia.—Cough dry and hard, coming in single coughs. (*F.*)

Respiration.—Oppressed breathing, with oppression in the lower part of the chest, aggravated about four o'clock in the morning.

Oppressed breathing, with a constricted feeling in the lower third of the chest, worse toward morning. (*F.*)

Hard breathing, with frequent desire to make a deep breath; sighing, restless sleep, frightful and laborious dreams, pain in the mammary glands, extending from the left through to the shoulder-blade, relieved by changing position. (*F.*)

Short breathing. (*F.*)

Frequent inclination to sigh, short breathing, and pain in the left mamma. (*F.*)

Short, oppressed breathing—with uncomfortable feeling in the stomach and bowels; drawing in the right inguinal region; great weight and bearing down in the lower part of the abdomen, stitching pains in the left mamma, and hot hands. [See reproductive organs.] (*F.*)

Short breathing and contracted feeling in the chest. (*F.*)

Desire to make a long breath frequently, and sighing, which appeared to come from the lower part of the abdomen. (*F.*)

Out of breath when ascending, obliging her to stop; it seemed as if it proceeded from the heart. (*F.*)

Oppressive heat and congestive feeling of the chest, a kind of ebullition, worse in the evening, must go into the fresh air for relief; but going into the fresh air increases the headache. (*Dr. L.*)

Feeling of compression of the chest and great weight; a feeling as

if the chest had to much blood in it producing a choked, suffocated sensation, and might be relieved by letting out the blood; slight relief from sighing. (*Dr. L.*)

The chest seems to become congested if the desire to urinate is not attended to immediately. (*Dr. L.*)

Congested and constricted feeling of the chest, as if too narrow, and might be relieved by letting out the blood, with chills running from the face downward. (*Dr. L.*)

Full breath prevented by severe colicy pains. (*B.*)

Severe congestion of the chest in the afternoon, with bloody taste in the mouth; weak beating of the heart, severe left side headache; dizziness, faint feeling all over, blur before the eyes, and fear of falling, *aggravated* in a close, hot room, ameliorated when walking the street, and when the fresh air strikes the uncovered head and face, although the cool air produces a feeling of chilliness. (*Dr. L.*)

Sensation of weight and oppression in the left chest. (*T.*)

Sensation as of a lump under the breast bone, moving down on every empty swallowing, but immediately returning. (*T.*)

Chest and Heart.

Chest.—Sharp twinges, followed by a dull, drawing sensation in the left side of the chest, extending upward to the clavicle. (*F.*)

Dull pain in the left side of the chest, and at the shoulder. (*F.*)

Constricted sensation in the left side of the chest, extending across to the right side, with sharp pains running upward to the throat, collar bone, and to the left armpit and shoulder-blade, *ameliorated* by changing position, though it continued till after rising in the morning. (*F.*)

Full feeling of the chest, with distention of the abdomen. (*F.*)

Constricted sensation in the left side of the chest about a hand's breath below the mamma.

Hot, congested feeling in the chest; general chilly feeling, and chills especially in the face. (*Dr. L.*)

Dull pressure under the sternum, toward the middle lobe of the right lung, relieved by sighing and pressure with the hand. (*Dr. L.*)

Sharp, quick pain in the left chest. (*T.*)

Irritation in the upper part of the chest and on the arms, with a fine itching rash-like eruption about the forehead, and around the border of the hair. (*F.*)

Heart.—Thirtieth day after commencing the proving, heart symp-

toms appeared; sudden fluttering of the heart after walking, felt less when very busy. (*W.*)

Hurried, forcing feeling about the apex of the heart, with fluttering, and general faint feeling; could do nothing, obliged to put aside her work; relieved by sitting still. (*W.*)

Had two sharp thrusts of pain in the heart.

Heart symptoms were troublesome, out of breath when ascending a flight of stairs, obliged to stop to get breath. (*W.*)

Heart symptoms constantly troublesome, but aggravated when walking fast. (*W.*)

Sharp and quick pain in the left side of the chest, with fluttering of the heart. (*Y.*)

Sensation as if the heart were squeezed in a vise, as if the blood had all gone to the heart, producing a feeling as if the prover must bend double; inability to walk straight. (*C. Lé B.*)

The heart fairly shakes with cold, though the weather is mild; nausea; all the heart symptoms are better when going into a warm room. (*C. Lé B.*)

Heavy feeling, as if the blood were shut up in the heart; pulse small and weak, a sensation as if blood did not reach the radial artery in sufficient quantity. (*Dr. L.*)

Weak beating of the heart, with severe congestion of the chest; bloody taste in the mouth; severe left-sided headache; dizziness; feeling of faintness; blur before the eyes and fear of falling. (*Dr. L.*)

Awakened from sleep at night with a distressing, pressive pain in the region of the heart, and palpitation. (*T.*)

Constant pain in the region of the heart, increased by bending forward, stooping, and on lying down. (*T.*)

Wakened at night by a violent fluttering of the heart, not influenced by change of position. (*T.*)

Attacks of violent palpitation of the heart, frequently recurring.

Sensation of weight in the left chest. (*T.*)

Heaviness and pressure in the region of the heart, almost unbearable after eating. (*T.*)

Fluttering or palpitation of the heart; cold hands and feet, covered with cold perspiration. (*T.*)

Sensation as if the heart were grasped, with pain and heaviness of the left mamma, extending to the left shoulder-blade, and down the left side to the lumbar region, ten o'clock, P. M. (*F.*)

Slight momentary, spasmodic twitchings around the heart, with a congested feeling of the chest. (*Dr. L.*)

Pain in the left side of the chest, as if the heart were violently grasped by the hand, then suddenly released alternately, interrupted pulsation and breathing, relieved by rubbing and pressure [Compare cactus]. (*Dr. G.*)

Pain in the region of the heart in the afternoon; *aggravated* by stooping, leaning forward, or bowing; much increased through the night, but better in the morning and forenoon. (*Dr. G.*)

Dull, heavy, or pressive pain in the region of the heart. (*Dr. G.*)

The heart feels as if squeezed in a vise [Compare cactus].

Pressive pain in the heart. (*Dr. S.*)

Dull, pressive pain in the left side of the chest, apparently in the heart. (*Dr. G.*)

Heaviness in the region of the heart. (*Dr. S.*)

Heavy feeling in the left side, in the region of the heart, constantly. (*Dr. S.*)

Fluttering of the heart. (*Y.*)

Throbbing of the heart, causing him to catch his breath. (*Dr. S.*)

Palpitation of the heart. (*Y.*)

Violent beating of the heart, and throbbing of the carotids, preventing sleep when lying on either side. (*Mrs. Dr. S. A. F.*)

Severe constrictive pain about the heart, extending through to the shoulder-blade; with severe chills toward evening, and yawning and stretching. (*Mrs. Dr. LéB.*)

Heaviness in the region of the heart, and palpitation when lying on the left side; worse at night, and when lying down. (*Dr. L.*)

The heart symptoms were all worse at night, and there was great fearfulness that he had mistaken his case; and that he was really suffering from an organic disease of the heart, instead of medicinal symptoms, though he had never had such symptoms before. (*Dr. S.*)

Arteries.—Conscious pulsations over the whole body, and out pressing sensation in the hands and arms, as though the blood would burst through the vessels. (*F.*)

Throbbing of the carotids, with violent beating of the heart, worse when lying on either side, preventing sleep. (*Mrs. Dr. C. LéB.*)

Pulsation over the whole body coming on between six and eight o'clock P. M., with severe hot pain in the forehead, heat of the extremities, and prostration. (*F.*)

Pulsation of all the arteries perceptible to the prover. (*F.*)

Back.

Cervical.—Drawing sensation in the muscles of the neck; left shoulder; and stitching pains in the left mammary gland, increasing after two o'clock P. M. (*F.*)

Dull pain in the nape of the neck, with feeling of constriction. [See head symptoms.]

Soreness of the cervical and occipital muscles, during the whole proving. (*Mrs. Dr. W.*)

Pain in the left nucha, increasing to a burning sensation as from applied electricity; the whole neck feels lame and tired; worse on going to bed. (*Dr. L.*)

Dorsal.—Pain in the back and left shoulder-blade, which seemed to proceed from the left mammary gland, and was relieved by changing position; with hard breathing; frequent desire to make a deep inspiration; sighing; restless sleep, frightful and laborious dreams; no sleep after two o'clock A. M. (*F.*)

Pain between the shoulders. (*B.*)

Pain in the dorsal vertebræ, as if the back would break.

Creeping chills down the back every night on going to bed, continuing for a month, each attack followed by violent beating of the heart and throbbing of the carotids, preventing sleep; worse when lying on either side. (*F.*)

Cold feeling in the back, as if cold water were being poured upon it.

Cold chills in the back at night and hot flushes in the morning.

Lumbar.—Sharp pain in the lumbar region, extending over the right hip to the umbilical region; ameliorated by rubbing. (*F.*)

Drawing pain in the right side of the loins, near the hip, increased by rising up. (*F.*)

Trembling sensation in the lower part of the back, abdomen and knees. (*Mrs. Dr. B.*)

Steady pain in the small of the back, spreading from the spine both ways toward the kidneys, continuing all day, after a restless night. (*Dr. L.*)

Constant pain in the loins. (*Y.*)

Dull, heavy pain and great weakness in small of the back and loins. (*Y.*)

Occasional dull, shooting pains across the small of the back.

Steady pain in the lumbar region. (*B.*)

Dull pain in the lower back and sacrum. (*Y.*)

Constant pain between the hips. (*Y.*)

Constant pain low down in the back-bone between the hips. (*Y.*)

Pain in the right side of the loins, near the hip, which came on changing position in bed; aggravated by rising up. (*F.*)

Sacral.—Pain in the sacrum. (*Y.*)

Drawing pain in the sacrum, aggravated by moving. (*F.*)

Coccygeal.—Sensation of pulling upward from the tip of the os coccygis. (*Mrs. Dr. N. W.*)

Upper Extremities.

Shoulders.—Dull pain in the left shoulder. (*F.*)

Drawing pain in the left shoulder and neck and stitching pains in the left mamma. (*F.*)

Itching and burning of the deltoid muscles of both shoulders, relieved for a short time by rubbing and scratching.

Axilla.—Sweat in the arm-pit, especially in the right.

Upper arms.—Tearing pains in the muscles of the left upper arm.

Irritation of the arms and upper part of the chest. (*F.*)

Fore arms.—Pressing pain in the right arm and wrist, with cramps in the fingers. (*F.*)

Wrists.—Pain [hard ache] in the right wrist and sensation of great weakness. (*F.*)

Pressing pain in the right wrist and arm, with cramps in the fingers.

Hands.—Out pressing sensation in the hands and arms in the first part of the night, with restlessness; heat and pain in the forehead, extending back to the eyes, going off in the morning at eight o'clock.

Burning heat in the palms of the hands and soles of the feet, extending up the limbs, with constant searching for a cool place, aggravated at night. (*F.*)

Moisture of the palms of the hands toward morning, following great heat at night. (*F.*)

Right hand and arm stiff and painful during the night, abating after eight o'clock in the morning. (*F.*)

Both hands and arms stiff and hot as if parched. (*F.*)

Fever heat of the hands and arms through the night. (*F.*)

Tremor of the hands. (*Mrs Dr. B.*)

Cold hands. (*Y.*)

Everything exciting produces cold hands. (*Mrs. Dr. B.*)

Cold hands and feet, with profuse, cold and clammy perspiration, keeping the hands and feet constantly wet. (*Mrs. Dr. B.*)

Cold perspiration of the back of both hands. (*Y.*)

Fingers.—Pricking, painful sensation in the fingers and hands at night.

Quick pain in the ring-finger of each hand and the corresponding toes, lasting a second, but frequently recurring. (*Dr. S.*)

Pain in the index finger, like an electric current, beginning at the joint, with increased throbbing of the pulse. (*F.*)

Sensation as of an electric current, beginning in the left index finger, extending to the other fingers of the same hand, and up the arm; then in the right index finger, extending, as on the other side, to the remaining fingers of the same hand and arm, with, at the same time, coldness of the feet, which continued for several hours. [This electric current was felt throughout the proving, but in the left hand and fingers was the first of all the symptoms to show any permanent abatement, and together with the hot feet and hands first that permanently disappeared.] (*F.*)

Fingers of the right hand feel stiff, with cramp in the middle finger, running up the arm. (*F.*)

Pricking sensation in the fingers of both hands.

Stiffness of the fingers, almost like paralysis; great difficulty in holding and guiding the pencil to write. (*Mrs. Dr. B.*)

Severe pain and soreness of the second joint of the fingers and ankle joints, rendering the jolting of a carriage very painful; the pain continued severe all night; next morning the muscles felt lame as if bruised; the soles of the feet were very sore, making stepping painful; hands felt as if they had been pounded, and the whole body felt sore and bruised; even the pressure of the clothes was very painful. (*Mrs. Dr. B.*)

Lower Extremities.

Hips.—Pain in the right hip extending down the thigh. (*F.*)

Boring pain in the right hip joint; stiff feeling of the muscles of the thigh, and pain in the ankle, going down to the toes. (*F.*)

Soreness of the right hip joint, during the whole proving; with soreness of the cervical and occipital muscles; worse during thirsty spells [see moral symptoms]. (*Mrs. Dr. N. W.*)

Stitches coming and going throughout the day in the right hip joint; with chilliness and headache, increased as the evening advanced.

Severe drawing pain in the right hip, extending down the outside of the thigh, relieved by moving the limb from place to place. (*F.*)

Catching pain in the right hip, and down the outside of the thigh; worse when sitting up. (*F.*)

Occasional stitching pain in the right hip joint. (*Dr. L.*)

Thighs.—Drawing pain on the outside of the right thigh, proceeding from the hip, relieved by moving the limb from place to place.

Pain in the left thigh, aggravated by walking, yet the pain was so much worse after having ceased to walk, she was impelled to walk again, though she knew after doing so she would be worse again.

Great lassitude of the thighs; with chills commencing in the face and extending downward; and oppressed feeling of the chest as if it contained too much blood. (*Dr. L.*)

Severe, fleeting, circumscribed pain on the inner side of the left thigh.

Sharp pain in the left thigh, two inches below Poupart's ligament.

Knees.—Grasping pain in the knees, continuing for some time.

Heavy, aching sensation in both knees after lying down. (*F.*)

Stinging sensation just below the right knee. (*F.*)

Aching in the knees, and depressing weight over the pubis [tenth day.]

Trembling of the knees, abdomen and back, and tremor of the hands.

Weakness and pain in the knees when walking. (*Dr. S.*)

Weakness and pain in the knees particularly in ascending. (*Dr. S.*)

Sharp, circumscribed pain in both knees, at the internal condyles.

Pain in the knees, constant. (*Dr. L.*)

Dull, heavy pain from the knees to the toes, moving suddenly from place to place [see Kali. bich.] (*Dr. L.*)

Formication below the knees. (*Dr. S.*)

Circumscribed, shifting pains below the knees. [Comp. kali bich.]

Legs.—Tingling in the legs. (*Dr. S.*)

Legs feel heavy, full and dull. (*Dr. S.*)

Coldness of the outer side of the left leg as if wind were blowing upon it. (*Dr. S.*)

Outpressing sensation in the extremities; legs, feet, hands and arms, in the evening in bed; with general restlessness, heat and pain in the forehead and over the eyes, going off at eight o'clock in the morning with a free discharge from the bowels, leaving an acrid smarting sensation at the anus. (*F.*)

Fever heat of the feet and legs throughout the night. (*F.*)

Heat in the lower limbs with restless movements. (*F.*)

Cramp in the legs and feet; with morning diarrhœa, stretching and yawning. (*F.*)

Aching of the legs; with inability to keep them still in bed; worse when giving up control of herself, as when trying to sleep.

Swiftly darting pains about the legs in the evening, continuing for about two hours; then suddenly subsiding. (*F.*)

Great weakness of the legs. (*Mrs. Dr. N. W.*)

Legs weak as if unable to support the body. (*Dr. L.*)

Staggering gait? could not walk straight without exerting himself to the utmost. (*Dr. L.*)

Joints seem to lack synovial fluid when walking, could almost hear crepitation. (*Mrs. Dr. B.*)

Extremities cold and clammy, with chills and severe, cutting pain in the bowels, and full feeling of the head. (*Mrs. Dr. B.*)

Ankles.—Pain in the ankle joint, worse when moving (*Dr. S.*)

Severe pain in the ankle joints and second joint of the fingers, making the motion of a carriage very painful; bruised feeling in the soles of the feet, and great muscular soreness, making pressure of the clothes painful. (*Mrs. Dr. B.*)

Feet.—Dull, boring pain in the top of the left foot. (*Dr. S.*)

Cold feet. (*Y.*)

Cold feet and hands, and constantly wet with a cold, clammy perspiration. (*Mrs. Dr. B.*)

Cold perspiration of the feet. (*Y.*)

Coldness of the feet, with a sensation as of an electric current in the fingers of both hands, commencing in the left and extending to the right. (*F.*)

Burning heat, beginning in the soles of the feet and palms of the hands, and extending thence over the whole body, increased in the evening in bed, with constant desire to find a cool place. (*F.*)

Moisture of the soles of the feet toward morning, following great heat.

Pulsation in both feet. (*Dr. S.*)

Toes.—Cramp in the toes of the left foot. (*F.*)

Quick pain in the fourth toe of each foot, at the same time in the ring finger of each hand, continuing but a second, but frequently returning. (*Dr. S.*)

Fever.

Chills.—Chilly feeling all over the body. (*Mrs. Dr. C. LeB.*)

Chills creeping down the back for a month, every night on going

to bed, with violent beating of the heart, and throbbing of the carotids, preventing sleep when lying on either side. (*Mrs. Dr. C. LéB.*)

Severe chills toward evening, with stretching and yawning; a severe constrictive pain about the heart, a feeling as if the heart were squeezed in a vise, the pain extending through to the shoulder blade. [See heart symptoms.] (*Mrs. Dr. C. LéB.*)

Chills attending a severe cutting pain in the abdomen, with cold and clammy extremities, and fullness of the head. (*Dr. B.*)

Chills in face, extending downward, with a more general chilly feeling than in cold weather, at the chest. (*Dr. L.*)

Congestive chills, continuing the whole forenoon, when in the fresh, open air. (*Dr. L.*)

Chills running from the face downward, with constriction of the chest, as if too narrow or too much crowded with blood, and burning heat over the body the whole night, with queer, half-waking dreams. (*Dr. L.*)

Chilliness when in the cool, open air, though all the other symptoms are relieved thereby. (*Dr. L.*)

Chilliness, with trembling sensation in the abdomen.

Cold feet and hands, and urgent desire to go to stool, cannot wait.

Heat.—Fever heat of the extremities through the night. (*F.*)

Great heat and general lassitude in the afternoon, with throbbing pulsations over the whole body, and out-pressing sensation in the hands and arms, as though the blood would burst through the veins.

Thirst.—Drinking often and much at a time. (*Mrs. Dr. N. W.*)

Sleep.

Sleepiness before bedtime; much sleep. (*B.*)

Sleepiness at unusual hours. (*Y.*)

Great desire to sleep, with unpleasant dreams. (*Mrs. Dr. N. W.*)

Excessive wakefulness. (*F.*)

Restless sleep; frightful and laborious dreams; sharp, cutting pains in the mammary glands, the pain in the left extending through the left shoulder blade, and to the spine; better by change of position.

No sleep after two o'clock A. M. (*F.*)

Unquiet sleep. (*F.*)

Restless, inability to sleep. (*F.*)

Frequent waking as from fright. (*F.*)

Inability to sleep, with wild feeling in the head, as if she would be crazy. (*Mrs. Dr. N. W.*)

Inability to sleep for a long time, eyes wide open; at length went to sleep lying on the back with the knees drawn up.

No sleep till after midnight, then frequent waking.

Waking in the morning tremulous and weak, as from a severe fit of sickness, after having had an attack of severe, cutting pain in the bowels in the evening, beginning at eight o'clock; the pain in the bowels was promptly relieved by nux vom. (*Mrs. Dr. B.*)

Sleep unrefreshing, broken by disagreeable dreams, with great irritability in the evening; full feeling in the forehead over the eyes; outward pressure in the whole forehead; reels and staggers when walking, with inclination to fall forward, and chills in the face.

After having been called out at night was miserable and restless; could not sleep, everything seemed too hot; next morning steady pain in the small of the back, spreading both ways to the kidneys, continuing all day; occasional stitches in the right hip joint; staggering gait: could only walk straight by very great exertion.

Drowsy, with burning, pressing headache, mostly in the left side of the forehead, gradually increasing with the advance of evening.

Unrefreshing sleep, with fullness and heaviness of the head, especially the left side in the morning. (*Dr. L.*)

Restless sleep, full of unremembered dreams, with seminal emissions toward morning, waking with dull headache, palpitation of the heart, beating of the arteries, felt only when lying in bed, or during a siesta. (*Dr. L.*)

Dreams.—Dreams all night. (*Mrs. Dr N. W.*)

Frightful and laborious dreams, with restless sleep, and sharp, cutting pains in the mammary glands. (*F.*)

Unpleasant dreams. (*Mrs. Dr. N. W.*)

Queer, half waking dreams, for instance: occurrences which followed each other in rapid succession, seemed to be separated by long intervals, as when the child got up to pass urine. The intervals between getting up, passing urine, and going to bed again, seemed very long. (*Dr. L.*)

Lascivious dreams toward morning, and seminal emissions, followed next morning by irritability and great weakness of the legs; dull pressure under the sternum toward the middle portion of the right lung [which pressure was somewhat relieved by sighing and pressure with the hand]; difficulty of keeping the thoughts fixed upon the subject under consideration, making mistakes when speaking, choosing wrong words to express the ideas, loss of appetite.

Afternoon: Congestion of the chest, taste of blood in the mouth, weak beating of the heart, severe left-sided headache, dizziness, blur before the eyes, faint feeling, with fear of falling, *aggravation* in a close room, *amelioration* when walking the streets, and when fresh, cool air strikes the uncovered head and face, though the cool air produces a chilliness. These symptoms gradually increased, continued severe for two hours, then gradually decreased. (*Dr. L.*)

General Symptoms.

Restlessness at night. (*F.*)

Languor, lassitude. (*F.*)

Prostration with severe hot pain in the forehead, coming on between six and eight o'clock, P. M., attended by heat of the extremities, and pulsation over the whole body. (*F.*)

Great irritability of the nervous system. (*F.*)

Some of the pains are ameliorated by change of position, while others are aggravated. (*F.*)

Sensation of outward pressure as if the blood would burst through the veins. (*F.*

Pulsation of all the arteries, perceptible to the prover. (*F.*)

Symptoms return every day from five to six o'clock, P.M., gradually increase through the night, and abate at about eight o'clock, P. M. [Constant throughout the proving.] (*F.*)

Symptoms all better from morning, till late in the afternoon.

Symptoms continued to recur regularly every afternoon throughout the proving. (*F.*)

Great weakness and trembling, attending morning diarrhœa.

Yawning and stretching, with cramps in the legs and feet, attending morning diarrhœa. (*F.*)

Pains generally worse after riding. (*F.*)

In some cases the uterine symptoms are better after riding, and exercise in the open air. (*Y.*)

With some of the provers, the symptoms of the reproductive organs were more clearly defined on the left side, while with others more on the right, but *generally* more on the left.

Pain aggravated by walking, but so much worse after having ceased to walk, that the prover was impelled to walk again, though knowing the pain would be aggravated thereby. (*Mrs. Dr. N. W.*)

The pains occupy small spots, or if produced by hard pressure with the ends of the fingers. [Compare oxalic acid.] (*Dr. S.*)

Symptoms worse when giving up active control of herself, for example, when trying to sleep. (*Mrs. Dr. N. W.*)

All the symptoms better when busy at work or thinking.

On the twenty-seventh day of the proving, the symptoms first developed returned. (*Mrs. Dr. N. W.*)

After the symptoms have entirely disappeared, they return again very suddenly in the same order, without any apparent provocation.

The severe symptoms are always preceded by thirst, and a dull, stupid feeling. (*Mrs. Dr. N. W.*)

Muscles of the whole body respond very sluggishly to her will.

The muscles of the whole body feel sore and bruised, rendering stepping, the motion of a carriage, and even the pressure of the clothes very painful. (*Mrs. Dr. B.*)

Aching of the flesh and bones throughout the body, fullness of the head and pressing from within outward, as though the contents would be forced through every aperture of the head, eyes, ears, etc.

Convulsive contractions of almost all the muscles of the body, and a feeling as if she would be crazy if she did not hold tightly upon herself.

Nervous symptoms coming on at three o'clock, P. M., and growing worse and worse each successive day for six days.

The hands become cold on every occasion of excitement.

Great nervous prostration, lassitude, enervation.

Nervous tremulousness and inability to think clearly and recall facts perfectly familiar, or to apply the mind to any subject steadily.

Aimless hurry and motion, walking to and fro, up and down; cannot be amused by thinking or reading.

Symptoms worse after interrupted sleep.

Great disinclination to work and lassitude in the lower limbs.

Depression of spirits, not relieved by work.

Burning sensation, both externally and internally, with chills from face downward, and constriction of the chest.

Some of the chest symptoms relieved by sighing and by pressure on the chest with the hands.

Some of the head symptoms increase after going to bed.

Most of the symptoms better when walking out of doors in the open air, when the cool air strikes the uncovered head and face, and worse in a close, hot room.

Faint feeling when in a warm room and standing on the feet.

Aggravation of the symptoms every evening, though the day had been passed comfortably.

The headaches are frontal and temporal, chiefly pressing from within outward; a congested feeling as if the contents would burst through the apertures; worse in the afternoon and evening, and aggravated by pressure.

Characteristics.

All the symptoms return again and again, after having disappeared, but diminished in degree at each successive return.

The social and moral conditions are profoundly affected, generally changed to their opposites, though in some instances they seem very contradictory.

The symptoms come on in the afternoon, increase till midnight, then improve. This applies to all except the diarrhœa, which occurs in the morning and forenoon, being peremptory in its calls, resembling in this respect sulphur and podophyllum. The afternoon and night symptoms seem to culminate in morning diarrhœa.

The symptoms are aggravated during repose and thinking about them, and relieved when busy and in the open air.

The mind becomes distraught, memory enfeebled, attention not susceptible of concentration upon any subject. Mistakes are made in conversation, both in words and expressions.

The heart symptoms are prominent; pains dull, pressive, and heavy, as if the heart were grasped and released alternately.

Great depression and anxiety; fearful that the symptoms indicate an internal organic disease; very marked in both male and female.

The symptoms connected with the female reproductive organs, and the consecutive moral conditions, are very pronounced and peculiar; the ovaries are the seat and origin of peculiar sharp and burning pains; backache; dragging, bearing-down sensation in the uterine region, seeming to drag even from the thorax and shoulders, and, at the same time, pressure on the rectum and bladder producing a constant desire to evacuate these viscera, as in cases of prolapsus uteri, were very marked and persistent, and physical exploration showed that the uterus was actually prolapsed and anteverted.

For the consecutive moral conditions, see "Moral Symptoms."

XVI.

Verified Symptoms of Lilium Tigrinum.

By T. F. ALLEN, M. D.

February 1st, 1871.—Miss B., aged twenty-four, after every evacuation of the bowels, suffers from dyspnœa, is very weak; experiences a sensation of sinking in the epigastrium, as if everything dropped downward; cannot stand. Usually feels weak, faint, and her clothes are oppressive by their weight. Has pains across the back and down each groin, to the pubic region. Appetite very good.

Lilium tigrinum removed the pains in the groin and produced remarkable improvement in all other respects.

XVII.

Toxicological Effects of Arsenic.

By C. JUDSON HILL, M. D.

Frances Gage, *alias* Evans, a servant girl, aged sixteen years, purchased, February 6, one ounce of arsenic powder, with the intent to destroy her life.

At about seven P. M., she took the first dose, dry, while on her way home from the apothecary's. Soon after reaching home she repeated the dose; again, during the night, she took the third dose; and still another, the fourth, in the morning; taking, in all, about two drachms.

In about an hour after taking the first dose she experienced a sensation of faintness, burning and nausea; after the second dose, vomited several times, and then fell asleep and slept until near midnight. On awaking, took the third dose, and shortly after, began to experience a good deal of pain, burning, etc., in the œsophagus and stomach, with constant nausea and vomiting for several hours, when the symptoms mitigated; and she took another nap and slept until morning. At the usual hour arose and dressed herself, took the fourth dose and proceeded to prepare breakfast for the family, although suffering severely from the terrible distress in the stomach, accompanied with occasional vomiting and purging. She endured the suffering with extreme fortitude until noon, when the lady with whom she lived, noticed something more than usual in her actions and appearance and inquired the cause, when the girl burst into tears, and said she had taken arsenic. She then gave the lady two half-ounce vials, containing arsenic, one of which was about half full. She said she had taken all that was gone from the one vial. The lady immediately referred to *Gunn's Practice of Medicine*, which recommended the administration of warm milk and white of eggs; which she gave, with some temporary relief. The lady then sent for me. I arrived about two o'clock, and, learning the case, which presented all the symptoms of arsenic poisoning, I immediately sent for some hydrated peroxide of iron; which was given in table-spoonful doses, every five or ten minutes, and after each spell of vomiting.

until one pint was taken, when her symptoms somewhat improved, and the iron was given at longer intervals. The patient also drank copiously of flaxseed tea, milk, and white of eggs. Gave also at intervals of an hour, carbonate of magnesia in milk, in order to procure the expulsion of that portion of the poison which might have passed into the intestines. The latter not acting, I ordered two ounces of castor oil, which was soon followed by a copious evacuation of a dark brown substance. I then left the patient for the night, giving instructions to keep up the use of the iron and mucilaginous drinks at regular intervals.

February 8, nine A. M.—Saw patient again; found her improved and quite cheerful; had rested some during the night; vomiting still continued, but at longer intervals; complained of a severe headache, with dizziness, which compelled her to lie down; was very uneasy, and desired to change her position often; the pain in the throat and stomach was still severe at times, and seemed to alternate between the stomach and head; complained of great thirst, but drank very little at a time; had a severe burning pain in the region of the heart, accompanied with a tumultuous action of that organ. It seemed to her, as she described it, that her heart was being turned inside out, and as though everything was being spilled out of it. The pulse remained quick and small, almost imperceptible, as it was the night previous; no desire for food; constant desire to urinate; urine hot and dark colored; skin hot, and face flushed, accompanied with occasional vomiting and shuddering; when the paroxysms of pain and nausea came on, the patient obtained relief only by sitting up and bending forward, pressing upon the stomach with the hands; as soon as vomiting occurred, relief was experienced. Continued treatment of the night before.

Five P. M.—Saw the patient again; was still improving; had vomited three or four times since my last visit; stomach felt much better; no pain or nausea, but a constant thirst and severe headache; gave the iron at still longer intervals, but ordered the milk, eggs, and flaxseed tea continued at short intervals, and gave another dose of oil, and left her for the night.

February 9, nine A. M.—Found the patient sitting up; felt better than the day before, except the headache and pain about the heart; stomach did not distress her at all; no nausea or vomiting; had partaken of some milk gruel; bowels moved freely and gave some relief to the head; could not sit up long at a time, as it caused the

head to swim; pulse better, but still rapid; ordered beef-tea, milk, and white of eggs, and gave water to drink.

February 10.—Found the patient about the same as the day before; had not vomited, nor experienced any nausea, nor any pain in the stomach; coughed some, and said there was a feeling of soreness at the pit of the stomach when coughing; slight tenderness of the mouth and throat, with tongue coated dark brown, but moist; considerable thirst and desire for food; there was also considerable vertigo on attempting to sit up. Continued treatment.

February 11.—Patient much the same; bowels had moved; the discharge having the appearance of mucous shreds, indicating some disorganization of the mucous membrane of the alimentary canal; complained of considerable weakness, especially of the back. Prescribed ipecacuanha and china.

February 12th.—No soreness or tenderness of the mouth or throat; tongue coated with a white fur, and moist; not much thirst; said that she would feel as well as usual, were it not for a burning pain in her back; worse on sitting up; she could not sit long at a time; some vertigo and debility remaining; gave china.

February 13th.—Symptoms about the same as the day before; pulse one hundred and four; small and weak; has a strong desire for food, and ate quite a hearty meal; some tenderness of the stomach, noticed only while coughing; pain in the back about the same; gave nux vom. and china.

February 14th.—Improving; only symptom complained of was the pain in the back, across the kidneys, with a desire to urinate frequently; pulse one hundred; small and weak; continued treatment.

February 15th.—Found the patient dressed, and about the house; pain in the back much better; otherwise as well as usual; continued same treatment.

February 17th.—Still improving; walked out yesterday several times; feels quite well; discharged the case.

The above cases is valuable in medical jurisprudence, from the fact, that so far as can be ascertained, none has been reported as recovered, where so long an interval between the taking of the first dose of poison, and the administration of the antidote has occurred. The poison was taken some eighteen hours before medical aid was obtained. The symptoms were urgent, but the case yielded promptly to the proper antidotal treatment.

XVIII.

Toxicological Effects of Morphine and Laudanum.

By STILLMAN SPOONER, M. D.

H. C., aged forty, of irregular and intemperate habits, May 1st, purchased two ounces of laudanum and six grains of morphine; walked two miles to his home in the country, and at seven P. M. put the morphine and laudanum into a bowl containing about half a pint of milk, and drank the whole at a dose; then went up stairs, deliberately undressed and retired.

The family, on ascertaining that he had taken laudanum (the vial being labeled), immediately sent for me. I saw him at nine o'clock, two hours subsequently. He was yet conscious. I ordered ground mustard, with the intention of causing the patient to vomit, which he utterly refused to take, and within twenty minutes, became perfectly comatose, followed by stertorous breathing; pulse fifty, soft and full; respiration from six to eight; skin soft and warm, and no physical violence would rouse him in the least. I deemed it useless to use a stomach pump, after profound coma had come on, especially after so large a dose had been taken. I once saw a patient die within three hours after taking a smaller dose. I therefore, waited about that length of time, and the patient still breathed. The pulse was now ninety, small and soft; skin moist and warm. I now dissolved nux vom., third dilution, in half a tumbler of water, and put a tea spoonful of the solution in his mouth, as he lay with it open, which he swallowed.

After waiting fifteen minutes, I gave another tea spoonful of the solution, then spoke to him with a loud voice, and shook him violently.

After twenty-five minutes from taking the first dose the patient exhibited signs of consciousness. At the end of thirty minutes called me by name, and soon became perfectly conscious, and refused to take any more medicine. Supposing, however, he would not relapse, I left him, with orders to take the nux every half hour. About an hour after I went home, he became again profoundly comatose. Violent efforts were now made by the attendants to rouse him, but

in vain. They then put the medicine in his mouth every five minutes, and continued their physical efforts. Within about half an hour he again became conscious, and again refused to take the remedy, and within an hour relapsed into a more profound stupor, if possible, than the others. The symptoms became more aggravated; a cold, clammy sweat came out on the body; large drops stood on his bald head, and the attendants thought the pulse almost gone. The nux was again given as before, with like result. As the patient again became conscious he was very thirsty, and called for water. The attendants were now shrewd enough to put the nux into the water that he drank, and the same physical efforts continued to keep him awake. The patient did not relapse. I saw him the following morning at nine o'clock, when he was wakeful, without any symptoms indicating a tendency to relapse. Violent vomiting came on during the day, but within a few days was well, and went about his work.

Every symptom indicated that a large and apparently fatal dose of opium had been taken. The sudden and repeated improvements after taking the nux was as strong an indication that the medicine was the cause of the improvement as there ever is in any prescription ever made by any physician.

As the truthfulness or accuracy of the above report has been questioned, I will here say that every word here asserted can be proved by the testimony of several intelligent and respectable witnesses.

XIX.

Iodoform.

By E. F. UNDERWOOD, M. D.

This substance, lately introduced to the medical world, is formed by the reaction of iodine on alcohol, similarly as chloroform is formed by the reaction of alcohol on chlorine (C_2, HO_3).

Crude iodoform is a yellow crystalline substance, soluble in alcohol, and slightly soluble in water; easily vaporized, which vapor is deposited in minute crystals on the side of the vessel containing it; is of a heavy pungent odor, somewhat resembling that of iodine, and similar to an odor often found in swampy forests and malarial districts.

This drug has been somewhat used by the allopathic profession, and highly extolled by them in the treatment of rheumatic and neuralgic complaints. Given in combination with iron, in one grain doses, it is said to have relieved several obstinate cases of facial neuralgia, also sciatica. The cases were reported in their journals, and, I think, from the following record of a partial proving made by myself, must have been cured in obedience to the homœopathic law of cure.

The first proving was instituted January 23, 1871, from inhalation, while triturating the article to make the third centesimal potency.

1. Feeling of warmth in the bowels and rectum, with slight nausea and desire for stool. (This has been repeated on four different occasions.)
2. Dull pains in the forehead.
3. Sharp neuralgic pains in the forehead, worse when stooping.
4. Sharp neuralgic pain in the temples, most on the right side, extending to the back of the head, behind the ears. (These pains seem to define the course of the nerves wherever they are felt.)
5. *Toothache in decayed teeth*, most in the upper jaw, and on the right side. (These pains come and go quickly.)
6. Dryness of the throat, with rawness on swallowing.
7. Neuralgic pain in left knee. *Rheumatic pain in the right arm, worse when using it.*

8. Pain along the course of the left crural nerve.
9. Stitch pain in the right side of the throat.
10. Flatulent colic.
11. Stitches in the right ear.
12. Perspire easily from motion.
13. Pain in the back, along the spine.
14. Dryness and stinging of the lips.
15. Fine, sharp pains all over.
16. Pain in left elbow.
17. Stitches in the left shoulder.
18. Pain in the course of the median nerve of left arm.
19. Dryness of the throat, with bitter taste.
20. Pain in the nerves of the left hand.
21. Pain worse from touching.
22. Pain in the left chest.
23. Rumbling in the bowels.
24. *Nausea.*
25. Toothache in sound teeth.
26. Sore pain in right inguinal region.
27. Cough from dryness of the throat.

Morning.—Pain in the left arm, as if bruised; worse when touched.

June 13, ten A. M.—Took one grain second centesimal. Weather damp.

1. Feeling of stiffness in zygomatic muscles.
2. Slight pain in same muscles, increased by motion and bending forward.
3. Dull pain in right malar bone.
4. Dull pain in left malar bone.
5. Sharp pain in the upper teeth, both sides.
6. Stitches in the temples.
7. Pain seems to sharply define the course of the nerves.
8. Weakness of the knees when going up stairs.
9. Desire as for a liquid stool.

Twelve o'clock.—Repeated the dose.

10. *Pains worse from thinking of them.*
11. Neuralgic pains in various parts of the body.
12. Continued pains in the lumbar region, with weakness when straining.
13. Weakness and pain in the knees worse when standing.
14. Rheumatic pain in both gastrocnemii.

15. Neuralgic pain in the left ear.
16. Rheumatism in the flex or muscles of the legs.
17. Stitching pains in the head.
18. Pain along the right side of dorsal vertebræ.
19. Urine very yellow.
20. Shuddering after urination, *which* had disappeared after use of remedies, returned.
21. Sharp pain in the right chest.
22. Stitch pain in right instep.
23. Flatulent colic.
24. Stitch in right chest, running through to lower angle of shoulder blade.
25. Sharp pain in the nerves of the left hand.
26. Stitch pain in the right side of head.
27. Pain in the inside of knees.
28. Sharp pain in the right inguinal region.
29. Sharp pain in the angle of shoulder-blade.
30. *Cutting pain in the bowels.*
31. Rheumatic pain in right arm.
32. Dreams, confused, of accident, etc.
33. Better after sleep.
34. Cutting pain in left ankle when walking in the open air.
35. Pains renewed when riding in the cars.
36. Pain in left foot worse when walking.
37. Pains renewed in bed. Right side of head, right shoulder, right arm, hand, fingers, thigh, leg, foot, toes.
38. Cough and wheezing from mucus in the throat on going to bed.
39. Restless sleep; tossing, turning, full of dreams.
40. Headache on awakening; pain in the eyes; eyes bloodshot.
41. Objects appear tesselated, red, (disappeared after rising).
42. Violent itching of the occiput.

June 14.—Took one drop of the third potency.

44. Sharp cutting in right inguinal, with desire for stool.
45. Sharp pains in nerves of left arm and back.
46. Confusion in the head, with slight nausea; feeling of faintness; drawing and pressing in the malar bone; perspiration on head.
47. Dull pain in forehead, with shooting in the right ear; worse on coming down stairs.
48. Wakefulness.

49. Jerks and shocks in the nerves when trying to sleep.
50. Susceptible to the heat of the weather.

Clinical.

One dose of the thirtieth permanently relieved neuralgia of the anterior femoral nerve. Characterized by "pain defining the course of the nerve."

PART II. SECTION II.

REPORT OF BUREAU OF CLINICAL MEDICINE.

WILLIAM H. WATSON, M. D., 270 Genesee street, Utica.

CONTENTS.

XX. Precision in Prescribing. J. H. P. Frost, M. D.

XXI. Laryngismus Stridulus. W. S. Searle, M. D.

XXII. Intermittent Fever. H. E. Powell, M. D.

XXIII. Spermatorrhœa. H. M. Dayfoot, M. D.

XXIV. Case of Aphonia. S. C. Knickerbocker, M. D.

XXV. Spasms of the Larynx. S. C. Knickerbocker, M. D.

XXVI. Case of Gastrosis. S. C. Knickerbocker, M. D.

XXVII. Case of Biliary Calculi. Morbid Deposit in the Urine. H. Powell, M. D.

XXVIII. Gonorhœal Ophthalmia. J. C. Harrington, M. D.

XXIX. Case of Prolonged Constipation. G. Z. Noble.

XXX. Case of Cystitis. T. L. Brown, M. D.

XX.

Precision in Prescribing.

By J. H. P. FROST, M. D.

The practice of medicine is not an exact science; nor yet can it properly be termed a "high art." But the true physician constantly strives to reach this state of scientific exactness and high perfection. And when he accomplishes a cure, with a single dose, of a single remedy, he feels wonderfully encouraged, and resolves to make such instances the general rule, instead of the exceptions. These are indeed brilliant cures; but how are they made? Not by the bright flashes of genius; not by giving a remedy suggested to our minds, we know not how, and fortified by, we know not what symptoms; nor by choosing a remedy in the hurry of business, while the patient is becoming *impatient*, and others are wondering what keeps the doctor so long, and imagining, perhaps, that if he had learned his business in the first place, he would not need to study now. No, indeed! It is not under such circumstances that happy hits are made, particularly in chronic cases, but rather by first carefully collecting and noting down *all the symptoms* and their *accompanying conditions*, and then with equal care comparing the materia medica till the exactly corresponding remedy is discovered.

Nor is this so easy a task as some might suppose, who jump at their remedy after a most imperfect and superficial examination, and then are surprised that it does not cure. These questions in medicine can neither be solved by the "rule of three," nor has algebra as yet been successfully applied to the discovery of the unknown remedy, by means of equations based upon the known symptoms, although some have fondly imagined that some such "royal road" might be constructed for the benefit of the indolent and incompetent. Indeed, the midnight oil has still to be burned as much now that homœopathy has advanced, as when the system was in its infancy. Nor is it much if any easier to find the *similimum* now, when one has to ransack numerous volumes of materia medica, reports, transactions and periodicals, in order to be sure of not overlooking any important medicines which may bear upon the case, than it was formerly, when

a single octavo contained all that was accessible to the English reading student. Indeed, no small diligence is requisite to keep the run of the new remedies which are annually published with substantial provings.

For my own part, I am thankful that I never had the capacious memory of which some boast. I could never pretend to carry in my head the entire materia medica, as some do. I am conscious of knowing only enough about it to make me realize that I do not know it; and, to me, this merely negative knowledge seems far more valuable than the *abbreviated epitome* of the materia medica which some practitioners imprint upon their memories, and which they practically regard as the whole materia medica, for they use no other. To my poor memory, which compels me to study out my cases, should be given the credit for many of the most successful prescriptions which it has been my good fortune to make. This seems well illustrated by the two classes of cases, agues and chronic headaches, for which I never venture to prescribe without first comparing the symptoms, and in which I never fail to make the cure. In these, as indeed as in all other forms of disease, I consider the symptoms as carefully as possible, but never allow myself to "go back" on the conditions. The former must be regarded, and the latter not neglected.

Both in my habits of study and in my methods of study, I am not ashamed to imitate those who have most distinguished themselves in our school by making remarkable cures; and yet, there are men, still young in our ranks, who have already become so full of business that they cannot stop to study out their cases; who do not pretend to inquire into the exact symptoms of their patients, and who, consequently, compound for the deficient quality of their prescriptions by the added quantity of their medicines. Some of these men were once the most ardent advocates of the high potencies; so radical that they could scarcely tolerate physicians like myself, who, after twenty years or more of active practice, do not feel disposed to adopt any one potency exclusively, however high or confessedly superior it may be. The true physician, as he advances in life, gives less and less medicine; while some of those who began with using the high potencies exclusively, from want of skill and patience in obtaining the symptoms or in finding the corresponding remedy, that is, from failure to prescribe with accuracy and precision, have fallen back upon massive doses of attenuated and even mixed medicines.

The following outline sketches of a few cases, may serve to exemplify the foregoing remarks, and at the same time confirm our previous knowledge of the medicines employed:

Case I.

June 22, 1870.—Miss R., aged about twenty-four years; chill every other morning, from nine to ten, or for about half an hour; a regular hard shake; teeth chatter; thirst with the chill, and after the chill. Nausea and vomiting of "bitter stuff" (bile) before and after the chill. As the chill leaves the patient she falls into a doze and perspiration, for about an hour. No intervening heat after the chill and before the sleep and sweat. Under eupatorium perf.^{6} the next chill was much lighter, and then returned no more.

Case II.

July 15, 1870.—Miss J. F., aged twenty-two, lives in the same neighborhood, and came to me soon after the case of Miss R. She was in great haste, and I therefore learned the symptoms imperfectly. Chill every other day, at eight A. M.; anticipating; thirst before chill; chill commences in the lower limbs, and a regular shake succeeds: the teeth chatter; then heat with thirst, followed by sweat, aching pain in limbs, vomiting with the chill. Without a sufficiently close scrutiny of the symptoms, and guided by the similarity of the two cases, as to time and place, and close resemblance of the symptoms; I gave eupatorium perf^{6}, which afforded no relief.

July 22.—I ascertained additional symptoms. First, chill at eight A. M., five A. M., and at three A. M., then at midnight, showing the anticipating type very prominently; chill began in the feet and extended all over. Second, heat with great thirst. Third, sweat with thirst. Gave arsenicum^{30}, which removed the whole difficulty.

Case III.

July 22.—Mrs. A. T., aged about twenty-two, was attacked in the middle of the night with a severe chilliness with thirst, but before the chilliness commenced she was awakened out of sleep by severe pains like cramps in the lower limbs, followed by cold sweat on them; a sense of numbness, as if the flesh were falling off from the bones. The chill was followed by heat with thirst, and finally perspiration; nausea and inability to vomit, with both chill and heat. Chills frequently during the day, at irregular intervals, and attended with pains in the limbs. This case was the most interesting, as the

lady expected confinement in a week or two, and quite severe uterine pains had been excited by sympathy. Under eupatorium perf[6], all those symptoms were removed, and the lady recovered and was able to be about the house again before her confinement.

Case IV.

August 2, 1870.—Mrs. W. E., aged twenty-five, *enciente* six months. Several days since, was attacked with severe chill, headache, backache, unable to raise her head from her pillow, followed by high fevers. Was threatened with a severe fever, but was relieved by bryonia[2c]. Able to walk about the house, but now has a chill every morning, at three o'clock; chill preceded by pains in the bones, very severe before the chill; pains in the limbs, back and head. A shaking chill, teeth chatter, but no thirst with the chill; succeeded by heat, and quickly goes to sleep and perspires. Nausea and vomiting of bile after the chill and with the heat. All these symptoms were promptly removed by eupatorium perf[6].

These four cases are quite interesting, as occurring very near each other as to time; two of them in the country, the other two in town, and they were all alike induced by exposure to night air, while sleeping, during a season of excessive heat by day and at night.

Case V.

Mr. G. B., aged about forty-seven, a fleshy man, crippled for years, unable to walk, from chronic rheumatism (brought on by working in the hot rooms and cold vaults of his brewery). He had been confined to his bed for a week when I was first called, and after treating him for about a week, with partial success in relieving the severest pains, I made a new and careful study of his symptoms. He had rheumatic fever, worse in the evening and fore part of the night, and much worse every other night; very severe pains in his ankles and feet, and in upper limbs from elbows to fingers; dull, aching pains, and sometimes a severe stinging pain. These pains, so severe at night, were all remarkably relieved by drinking cold water fresh from the well. This led me to pulsatilla, under which he soon became able to leave his bed.

XXI.

Laryngismus Stridulus.*

By W. S. SEARLE, M. D.

Having been invited to address you upon this occasion, and permitted to select my own subject, I have chosen that of Laryngismus Stridulus; or, as it is otherwise termed, "Miller's Asthma," "Kopp's Asthma," "Thymic Asthma," "Spasm of the Glottis."

It may appear somewhat strange that I should have deemed it a suitable theme for a preliminary lecture, but it is nevertheless appropriate, for several reasons. In the first place, the great number of more common diseases which must be brought to your attention by your regular instructors, will prevent a full discussion of those which are more rare. Again, though comparatively infrequent, it is an important disease, and one which is quite too summarily disposed of in your text-books. But I have chosen it, more than all, because its consideration will serve an important purpose in giving a proper direction to your study and thought during the course upon which you are about entering.

If it is the bane of the physiological school, that it directs the attention of its students too exclusively to those sciences which serve as guides in making up a diagnosis in each case of disease, leaving to therapeutics a minor place, and basing the little they are able to afford of the latter upon the symptoms which decide the diagnosis, it may be considered that it is a tendency of the studies most actively pursued in some, at least, of our homœopathic colleges, to lead the student to depend too much upon a pure symptomatology in the treatment of disease. (By a *pure* symptomatology I mean one which is not analyzed, explained, illustrated by pathology; not comprehended as to the relation and modality of its parts.) To run, in a word, to a therapeusis based on symptoms solely, to the disregard of diagnosis.

Not that we can have too good a knowledge of materia medica, nor too great practical power in its application, nor yet too thor-

* Delivered before the classes of the New York Homœopathic Medical College and the New York Medical College for Women, October, 1870.

oughly appreciate the fact that diagnostic symptoms are not the ones which generally determine the specific homœopathic remedy in each case. No; I do not mean that; but our therapeutic ability is too apt to become unbalanced by a lack of diagnostic skill. However the fact may be as to our colleges, certainly those of my colleagues in the profession who hear me will testify that this is a tendency of homœopathic practice. We get into the habit of asking the patient's symptoms with a therapeutic rather than a diagnostic purpose. Daily necessity compels us to study the materia medica; and this is so imperfectly worked out as yet, and access to its treasures is so difficult, that every moment of professional leisure is occupied in finding the much desired similar. We have, or take, too little time to study our cases from a pathological stand-point. True, the former is the "weightier matter;" it is of greater importance to cure a disease than to ascertain its seat and nature. But they do not properly stand in the relation of less and greater; rather in that of antecedent and subsequent, premise and conclusion. "This ought ye to have done, and not have left the other undone." The older you grow in practice, the more clearly will you see that diagnosis is often a necessary element of therapeusis as well as of prognosis.

Now, the pure symptomatologist may and does succeed in curing a large majority of his patients, for our law of cure often supersedes the necessity for a diagnosis. But the time will come, and not seldom, when such a practitioner will stumble and fall, to his own discredit, the disgrace of homœopathy, and the loss of his patient.

You must know that there are cases in which a pure symptomatology leaves us in the lurch. You will come upon cases where neither the patient in his prostration, nor friends from their absence or lack of observation, can give you the phenomena of the disease; you will see children from whom you can get objective symptoms only; nay, you will meet with certain diseases, like the one we are to consider to-day, which sometimes cannot be treated efficiently from the best obtainable symptomatic scheme alone, and in which empiricism can only be banished from the bedside by a full and complete pathological knowledge.

Do not understand me to decry the earnest and careful study of the materia medica. Not at all. That a homœopath is a good therapeutist is his very glory and crown. Given an ordinary diagnostician, but a fine therapeutist—let him stand beside the most splendid pathologist of the physiological school, and the former will beat the

latter out of sight in the cure of disease. I would have you not the less therapeutists, but better pathologists than our school now generally affords, and I am happy in the belief that such provision has been made in the curriculum of this college, at least, as will meet this demand; such as will start you on your medical career, not only with a full freight of knowledge, but one which is well balanced and ballasted, so that, guided by the rudder of discretion, you will ship seas of disaster neither on larboard nor starboard; fall neither upon the Scylla of allopathy nor the Charybdis of symptomism, but with favoring gales make a successful life voyage.

But I must have a care lest "my front door be bigger than my house." So we will return to our subject.

You are sitting in your office, we will say, on some gloomy day of your young doctorhood, meditating upon your unappreciated knowledge, when Bridget, from the great house over the way, bursts in with just breath enough to gasp out, "Doctor, come quick, our baby has a fit." In that delightful state of mental confusion which, I presume, always attends a physician's visit to his first case of "fits," you pocket your pellets and arrive at the bedside "dusty and deliquescent" both in body and soul. Nor is the scene of confusion and grief which awaits you there at all calculated to quiet and calm your mind. The little darling, sole pride and joy of her mother's heart, lies in the arms of the nurse, pallid and exhausted. Whatever the doctor may be at other times, he is now invoked as a very god by the anxious parents. "Will she die?" is the first question; "Oh! save her," the first demand.

But you must have premises before you can reach conclusions. The only information you can at present obtain, however, is that the child awoke from sleep suddenly, unable to breathe, turned pale, then livid, was convulsed, and at last recovered her breath with a hooping sound. Perhaps hooping-cough is prevalent, and you jump to the conclusion that it is a case of this disease. Older heads than you have done the same thing. It is narrated that one of the most eminent English physicians of his day, on arriving for consultation in the hall of the house where the patient lay, and hearing the crowing sound, at once said, "that is hooping-cough or I never heard it." Unluckily for the patient, he stuck to his opinion, either for the sake of consistency or from ignorance.

And here let me warn you, gentlemen, against getting the habit of "taking snap judgment," as the lawyers say, at the bedside. It

sounds smart, and takes well often; some great reputations have been built upon it, but like Chatham street clothes, they don't wear, gentlemen, *they don't wear*. You might make a worse diagnosis than that I have named, but let us question this anxious mother a little further before we deal out our doctrine or our dose.

How long has the baby been ailing? A week or two. Has she had cold in the head? No. Any long spells of cough? No, but she wheezes and coughs loose a little. Any fever? No. No loss of appetite? None. Is she teething? Perhaps. Stomach and bowels right? Yes. She looks fat and stout? Oh! yes, she is as lively as a kitten. How did she act in the fit? Why, she bent backward, turned her hands in, gasped, and grew stiff, and black in the face.

Well! well! you commune with yourself. Is it croup? No; it has lasted to long. Is it hooping-cough? No; for the catarrhal stage has not been seen, and the cough is unlike it, except the hoop. It certainly can't be bronchitis. My dear doctor, you have your first case of laryngismus; and I wish you joy of it, in current phrase; for you will find, if you study the disease, as you surely ought, that there is a great variety of opinion as to its nature, and very little reliable for its treatment given in your text-books. Besides, to add to your anxiety, the patient is never free from great danger of sudden death till she is cured, or, quite a different and not uncommon thing, gets well.

Remember then, these two points: First. It is a disease which it is often difficult to diagnose. Second. It is a deceptive and often suddenly fatal disease.

It is by no means an affection of recent date. It has been observed and mentioned by medical writers as far back as Hippocrates, with the most varied views as to its nature and treatment. It is not worth our while to trace its history in full here, but you may find it in a work entitled "*Ley on Croup*," published in London, in 1836. A valuable book, by the way, and one which will amply repay its purchase, when you can find it. Some of these authorities have regarded it as a general convulsive affection, dependent upon inflammation of the brain in the neighborhood of the pons and medulla; others, as a spasm of the glottis, due to local causes; others, as a paralytic affection of the larynx and trachea. At the present day, however, it is universally recognized as a disease of the laryngeal nerves, and the only controversy is in regard to how they are affected.

In order to a clear understanding of the subject, it will be well now to recall to mind some of the anatomical characteristics of the laryngeal region, with especial reference to the nerves which supply it.

I trust you have not come to a medical college without, at least, a general knowledge of the structure of the larynx. You know the form of the organ: That it is composed of the epiglottis, the thyroid, cricoid, and arytenoid cartilages, and the muscles which move them; of the vocal cords, and the muscles which control them. The nerves which supply the various muscles, and endow the larynx with sensibility, are derived from the vagus; one of the divisions of the eighth pair. Just after the issue of this great nerve trunk from the cranium, it gives off a branch which is called the superior laryngeal. This divides into two parts; one supplying the crico-thyroid muscle, and the other the arytenoid muscle, while its sensory filaments are distributed to the mucous membrane of the epiglottis and the upper part of the larynx.

What are the functions of these two muscles? The crico-thyroid elevates the cricoid cartilage under the thyroid, thus approximating the two and weakening the efficiency of the opening muscles of the glottis, by bringing their extremities nearer together. This motion takes place whenever we swallow, and insures the perfect closure of the glottis by the arytenoid muscle during that act, by weakening the power of the opening muscles of the glottis.

The arytenoid muscle is attached to the two arytenoid cartilages, passing directly across from one to the other in front of them, and serves to draw these cartilages together, and thus close the rima or chink of the glottis.

The function of the superior laryngeal nerves, then, is to give sensibility to the upper part of the larynx, and by reflex or direct action, close the rima glottidis.

When the trunk of the pneumogastric has passed within the thorax, it gives off the other laryngeal nerves, which are called the recurrents. They turn around the arch of the aorta on the left, and around the subclavian artery on the right, and, proceeding upward by the side of the carotids, are distributed to the muscles which complete the tracheal rings, to the mucous membrane of the trachea and lower larynx, and also to the muscles which open the larynx.

Perhaps you will ask, how do we know so accurately the distribution and functions of these nerves? I reply, not only by tracing their course, but also by various experiments. For instance, if the

superior laryngeals are cut in the living animal, we find paralysis of sensation in the upper larynx and the rima glottidis. If now we galvanize the distal end of the cut nerve, the crico-thyroid and arytenoid muscles contract, and the rima closes.

On the other hand, if the recurrents are cut, we find the opening muscles of the rima paralyzed, and its edges fall together, while it opens again under the influence of the galvanic current. Similar results are seen in the muscles which complete the tracheal rings. Sensation is also abolished in the trachea when the recurrents are divided. If we perform tracheotomy upon a dog and introduce through the wound any foreign body, a violent cough ensues, but cut the recurrents, and foreign bodies have no effect except to mechanically obstruct the passage of air.

In regard to the function of the muscles at the back of the trachea there has been much discussion. It is now, however, acknowledged, I believe, that they serve, among other purposes, the important one of ejecting the mucus, or other matters which may be in the trachea, assisting or assisted in this labor by the ciliated epithelium of the mucous membrane. Now, when the recurrents are cut and these muscles thereby paralyzed, the mucus secreted remains, to a great extent in the trachea, causing no distress, because the sensory filaments which should take cognizance of its presence have been severed. Thus accumulating, it produces the rattling and wheezing which is heard in animals which have been subjected to this experiment, which is also heard in those cases of laryngismus which consist in paralysis of the recurrent nerves, and which again is the ominous sound that has received the name of the "death rattle."

It is interesting, and may prove useful to you to know that this is also the condition of affairs in the so-called "roaring horse." This has been proven by a division of the recurrents in that animal.

In confirmation and illustration of those facts, I will quote the experiments of the French physiologist, Le Gallois: Having exposed the glottis to view in the living animal, he observed that the rima opened during inspiration and nearly closed during expiration. Dividing one recurrent, he saw the glottis on the same side deprived of opening motion, the arytenoid cartilage of that side remaining fixed in the central line while its fellow still continued its movements. He then severed the other recurrent, when the edges of both cartilages came into contact and the rima appeared entirely closed.

The animals operated on finally died of asphyxia; all the sooner

if they attempted muscular exertion, since this necessitates more rapid breathing.

You are now in possession of all the anatomical facts necessary to an appreciation of the pathology of this disease. I may, however, properly advert here to the following well known principles of general nerve pathology:

1. If injury or disease affect the trunk of a nerve, the principal effects will be observed at the remote extremeties of its filaments.

2. Morbid affections of the nerves resolve themselves into those of excitement, and those of defective energy—spasm and paralysis.

3. Excitement and consequent spasm may result from mechanical impulse, vascular congestion, or inflammation, structural disease, reflected irritation, and simple functional disorder.

4. Defective energy, and consequent paralysis are results of extraneous pressure upon a healthy nerve, of atrophy of the nerve itself, or of reflected influence.

5. A constant cause affecting a nerve may produce intermittent peripheral phenomena.

This last is a very curious, instructive, and not easily explicable fact; an important one, too, in explaining the phenomena of the disease under discussion. To fix it better in your minds, I will narrate the outlines of a case which fell under my notice while one of the government pension surgeons.

Daniel E. Gardiner, of Co. F., 2d Regiment N. Y. S. V., was wounded by a bullet which passed through the right thigh, injuring the sciatic nerve. Among other results of this wound was swelling and pain in the foot, which continued a long time after the wound was healed. Now, both the swelling and the pain varied greatly, and often suddenly, in intensity. At times they were so great that he must constantly dip the foot into cold water; again, a marked remission of both occurred. Other similar instances might be cited did time permit.

Bearing in fact, now, these principles and facts, as well as the anatomy and physiology of the larynx, I ask, what pathological states of the nerves we have been tracing are capable of producing the phenomena of closure of the glottis, with the consequent breathlessness and hoop, which characterize laryngismus?

Why, manifestly, first, a condition of excitement of the superior laryngeal nerves, with consequent spasm of the crico-thyroid and arytenoid muscles.

And, second, a condition of depression of the recurrents, with consequent paralysis of the opening muscles of the glottis.

Theoretically, then, there are two entirely different diseases usually confounded with each other, under the name of spasm of the glottis. Diseases, too, which, if they really practically exist, demand entirely different treatment, to say nothing of an appropriate nosology. I propose, then, that we call the disease laryngismus, and its two divisions, respectfully, spasm and paralysis of the glottis.

Let us see now if such a difference does not practically exist.

Case I.

The first instance of this disease which occurred in my practice, was in a child of about one year. Every one, two, or three days, and more lately every week or ten days, she would suddenly lose her breath, gasp, struggle, become livid, and finally recover her usually healthy condition with a crowing sound. There was no cough, no mucous rale, in fact no other symptom except that the teeth seemed to be troublesome. Remedies were addressed to this condition. Belladonna and creosote were the only ones given, and the child recovered in a few weeks.

Now after what has been said, I think you will have little difficulty in entitling this form of the disease spasm of the glottis. But, in contrast with this, let me give you my last case.

Case II.

It is that of a female child, who, a few months after birth, is said to have developed marasmus. She was getting over this and being well nourished when she came under my care at the age of four months. Now, though constantly gaining in flesh and strength, a mucous rale, with a wheezing sound, began in the trachea. It was more violent at times, and again would cease entirely, but was most severe at night or while sleeping; then she would rattle like a dying person. There was very little cough, and no fever nor catarrhal symptoms at any time; appetite was good, the bowels regular, and the child lively and playful. Not till these symptoms had lasted several months did the attacks of breathlessness set in, and even now a mere hint or suggestion of them occurs. I have no doubt that this is a case (I say *is*, for it is not yet cured) where there is pressure upon one of the recurrents only, and consequent partial paralysis;

and, considering the precedent marasmus and the general *habitus* of the child, I believe this pressure to be due to enlarged thoracic or deep-seated cervical lymphatic glands.

Ley, in his work on croup, contends that this *rationale* explains every case of laryngismus, and that all previous writers have been mistaken in talking about spasm of the glottis. But his view is just as far from the truth as that of those who call all cases of laryngismus spasmodic. It is true that the cases I have selected as typical are extreme ones, but they are genuine cases which can be paralleled to a large extent, and no argument can show them both to be either spasmodic or paralytic. If you study a large number of cases with the pathological changes which autopsy has revealed, you will indeed find a border land, as it were, where the spasmodic shade off into the paralytic. In fact, there are cases originating in inflammation of the brain, and here, as the whole pneumogastric is involved, you will find the spasmodic and paralytic symptoms alternating or combined. So convinced were some of the older pathologists that the seat of the disease was always in the brain that they called it cerebral croup. But this will not do now, for we know other forms of the disease.

Hood, an Irish physician, in 1827, developed a theory that laryngismus is due to pressure from an englarged thymus gland, since such a condition of this organ was discovered by him in several fatal cases of the disease. But the soft and spongy nature of this gland, even in its hypertrophied state, renders it very doubtful whether it is capable of exerting sufficient pressure to produce it. Moreover, the largest thymus on record, weighing eight hundred and sixty-five grains, was taken from an infant of five months, who had never had laryngismus. When, however, this gland has become indurated, as well as enlarged, from scrofulous deposit, there can be no doubt that it is competent to produce paralysis glottidis, and has produced it.

The evidences of enlarged thymus are distention of the veins of the neck and head, unusual fullness of the throat-pit, elevation of the top of the sternum, and extraordinary dullness on percussion on each side of the upper part of the sternum. Fullness of the veins about the head and neck, without obvious cause, or an increase of that fullness when the head is bent forward, should, therefore, excite a suspicion of this complication; and if laryngismus should exist in a patient of scrofulous constitution, presenting these symptoms, you would be justified in referring it to this cause.

I will now quote two other cases, in order to illustrate more fully the difference between spasm and paralysis of the glottis. The first is from the experience of Dr. Carroll Dunham, and may be found on page 20, vol. 2, *American Homœopathic Review.*

Case III.

A female infant, seven months old, well developed and large, the fourth child of healthy parents, was brought to me with the following history. She was seized three weeks ago with a spasmodic affection of the respiratory organs. Suddenly and without warning she would make a long inspiration, with a slight crowing noise; an attempt to exhale would follow, but without success; another crowing inspiration, with ineffectual effort to exhale; and this would be repeated till the child became blue around the mouth and sank into partial unconsciousness, when free respiration would take place and the child sink into a deep sleep. Frequently, toward the close of an attack, convulsive movements would be noticed, and once general spasm occurred. At first these attacks came on only after excitement; they frequently occurred during sleep, arousing the child suddenly, and were most common from midnight to seven A. M. Within the week before I saw her, they had become very frequent; as many as thirty or forty occurring during twenty-four hours. She had begun to emaciate rapidly; had lost appetite, strength and playfulness; the face was pale and bloated, and the eyes had a dull and glassy expression. During the previous year the parents had lost an older child with the same affection, under allopathic care. The autopsy in that case had revealed no organic lesion. On careful examination of my little patient, I could discover no sign of disease that was not fairly attributable to the frequent recurrence of these spasms, and the consequent venous congestion. It was evidently a case of spasmus glottidis.

This case, gentlemen, was cured by the remedy discovered by the author (Dunham), which is chlorine. A slight relapse, due to teething, was at once relieved by lancing the gums, and entire recovery followed.

I will now give you an instance of paralysis glottidis, quoting a condensed statement from "*Ley on Croup*," p. 21.

Case IV.

A child, when a few months old, became subject to a wheezing in the trachea. This could be easily heard from one end of a large

room to another, and its tone was much deeper than could be expected from the size of the trachea in a child of that age. For a long time this was unaccompanied by any other disturbance than occasional hurried breathing when excited. In this way the child would wheeze during nearly the whole day, with little cough or dyspnœa, and was as playful as if nothing ailed it. There were frequent intervals when the *rale* would entirely cease. Some weeks after, the wheezing became more violent, with severe cough in paroxysms, with a disposition to retch, which seemed to dislodge from the trachea a portion of the phlegm. At length it awaked suddenly from sleep, and had a convulsion. The child was described to have been breathless for awhile; pale; trunk and extremities rigid; hands clenched; eyes staring, and rolled up; and the countenance expressive of agony. At last the breathing returned, with crowing inspiration. In spite of all Dr. Ley and his counsel could do, the paroxyms persisted, and soon after, in one of them the patient expired. The autopsy revealed a cluster of greatly enlarged glands at the root of the lungs, and around the arch of the aorta, pressing upon the recurrents.

Could anything be more evident, gentlemen, than that these two instances of diseases do not belong to the same category? I dwell upon this point because it is the most important one in the diagnosis; important both for prognosis and treatment. Besides, though some writers hold all cases of this disease as spasmodic in their nature, and others contend that they are all paralytic, I know of none that acknowledge that some are of the former, and some of the latter class.

Let us compare the two instances just given, and see if we cannot establish a reasonable differential diagnosis. The first case opened with easy inspiration, but inability to expire. The recurrents, then, according to Le Gallois, and Magendie, also, were not in fault; for inability to inspire marks their paralysis; and spasm, through them, could only open the glottis. The second case opens with a loud and large mucous *rale* in the trachea; a condition which no disease that is devoid of fever is capable of producing, except paralysis of the recurrents. This symptom, too did not at all occur in the former case. In the latter instance, in spite of violent efforts, no air could be inhaled; in the former none could be exhaled. Again, in one case, these paroxysms of breathlessness were the incipient symptom; in the other they did not appear till the disease had lasted for

months. In one, the post mortem revealed enlarged glands pressing upon the recurrents; in the brother of the former, who died after manifesting the same symptoms as his sister, no organic lesion was found.

Surely here is ground for a broad and useful distinction. But you may ask, and pertinently too, if the pressure of these glands was sufficient to cause paroxysms of breathlessness, why the effect did not persist with the constant cause. I refer you for explanation to the case of Gardiner, and principle five, above given. And, furthermore, a deep inspiration, which is especially likely to occur during sleep, might at any time suddenly increase the pressure to a degree sufficient to bring on a paroxysm, while the interval of breathlessness and partial asphyxia would afford opportunity for the nerve to resume its functions. So also the effort of sucking, straining in defecation, fright, or, in case the pressure is due to enlarged cervical glands, a sudden turn of the head may and will excite the paroxysm.

In spasm of the glottis, the asphyxia itself is the cause of the cessation of each crowing fit, for that condition of affairs always brings about muscular relaxation throughout the whole body.

How this differential diagnosis affects the treatment and prognosis, we shall see by and by; but, I think, enough has been said to prove a real difference in the cases which have hitherto been classed together, and that this difference is so great as to warrant and demand a division of them under the titles of spasm and paralysis of the glottis.

Here I must warn you that you will at times have difficulty in distinguishing spasmus glottidis from hooping-cough, and paralysis glottidis, in its onset especially, from bronchitis. You will remark here that bronchitis has fever, loss of appetite, and more constant cough. Of course, when the crowing inspirations begin, you have no farther trouble on this score. But you will have more difficulty in diagnosing the spasmodic form from hooping-cough. A mistake here is of less consequence as to the treatment, as both diseases have much in common in that regard, but it would be awkward, gentlemen, to have your patient die suddenly in a paroxysm which you had pronounced that of pertussis, a disease which involves comparatively little danger.

I will narrate another case, and then point out the distinctive symptoms. This is also from Ley. He says:

Case V.

A child under my care had occasional attacks of breathlessness, from which it recovered with a crowing inspiration. He suffered also from fits of cough resembling pertussis, except in the absence of vomiting or retching. About twelve months previously he had had both hooping-cough and measles. These left him much weakened and emaciated. The cough was unattended by expectoration, sometimes a mucous rale would precede it, however. But he had many attacks of breathlessness without cough, and only attended by a hoop at their close. Upon the death of this patient, Dr. Ley found the characteristic enlarged glands pressing upon the recurrents.

The diagnostic points to which I would call your attention, and which will generally prove sufficient, are these: In pertussis, the cough is gradual in its approach and accompanied with catarrhal symptoms, as a rule. Weeks are often needed for the complete development of the hoop. But spasm of the glottis is generally sudden in its invasion, with no apparent warning. Indeed, it is so sudden that parents often have thought that some foreign body must have entered the windpipe. Again, in pertussis the child is conscious of the approach of a paroxysm; it runs to its nurse to be held during a fit; or if too young for this, it is seen to be struggling against it and grasping objects within reach for support. In spasm of the glottis the patient has no such previous warning. The breathlessness seizes him instantly and unexpectedly.

Pertussis rarely ceases and then recurs, while this is often the case with spasmus glottidis. Generally we can trace the former to contagion; the latter is not dependent upon it. Finally, a close observer will notice that the cough is quite different in the two diseases. The strangling connected with the fit of cough does not appear so markedly at the very outset of the paroxysm in pertussis as in spasm of the glottis. It is also apt to be out of all proportion to the violence of the cough, in the latter disease; while the victims of pertussis cough violently before the strangling is prominent.

We come now to the causes of laryngismus; and first, to those which may be called predisposing. Infancy is most liable to this disease, and it grows less and less frequent until the third or fourth year; after this date examples are quite rare, but still do at times occur, even in adult age. There seems to be a hereditary tendency to it in some families. Those who are of a scrofulous diathesis, who are insufficiently nourished, or who live in close, unwholesome air;

those "brought up by hand;" the delicate and reared with difficulty; those whose sutures are long in closing, and whose digestion and assimilation are weak and easily disordered, are most prone to its attacks. In such individuals a simple cold may suffice to precipitate the disease.

Perhaps, the most frequent exciting cause is difficult dentition; the irritation from the inflamed and swollen tissues here is reflected upon the laryngeal nerves, and the disease thus produced.

Another exciting cause is derangement of the digestive organs. Here, of course, the reflex action may be direct, through the other branches of the vagus. On page 17, vol. 5, *American Homœopathic Review*, you may find an instance of this kind, which was cured by nux vom.

Reflected irritation from the heart has also been known to excite the disease. In short, where a predisposition exists, a large variety of exciting causes will develop it. These it is not necessary to dwell upon, but I advise you to search them out diligently in practice, for they must influence your prescription.

The prognosis is sufficiently grave in both forms of the disease, but I believe it to be most so in paralysis glottidis, although these cases do not look so formidable at the outset as those of the spasmodic form. It is especially so in cases which depend upon pressure from enlarged glands, for these are due to deep seated constitutional causes which it is hard to eradicate. As yet, we have no homœopathic statistics to show the proportion of deaths under our treatment, but we do know that a large majority of those who suffer from this complaint die under allopathic care.

Treatment.

This may be divided into the treatment of the paroxysm and that of the disease as a whole. Should you be present when a fit of strangling occurs, it will not do for you to sit calmly down and await its termination. Although there is very little which you can efficiently do, parents and friends will expect you to do something; so call for a sponge and hot water, not too hot, however; squeeze the sponge out in this, and apply it to the throat, changing it often. If the case is one of spasm it will do good, if it be one of paralysis it will do no harm. Take the child to the open window, for it needs the purest air when it can get so little. Quiet the agitation of friends as much as possible, for excitement and fright on the part of the patient are quite likely to bring about a recurrence of the parox-

ysm. A dash of cold water on the face or chest will sometimes restore the respiration when it seems beyond recall. It has not been mentioned by any author, to my knowledge, but I do not see why Marshall Hall's or Sylvester's methods should not be resorted to with success, even after apparent death. Many an asphyxiated person has been restored to life twenty minutes and even half an hour after the vital spark seemed to have fled. I would never neglect these processes then. They can do no harm, and if they should restore some darling child, and your remedies should afterward cure the disease, what blessings would be showered upon you! What reputation would you not achieve!

As to the medical treatment, our law of cure enables us to select *a priori* quite a number of remedies, which will be indicated under varying circumstances. Unhappily, however, our clinical records afford but few data from which we can derive curative confirmation of their actual value.

When called upon to treat a case of laryngismus, your first care should be to discover whether it is reflex in its origin or not. One question will go far toward determining this, viz.: Was the child in good health when the disease first made its appearance? If you find that it was not, inquire closely into the condition which then existed. If you have reason to believe that dentition is the exciting cause, do not hesitate to lance the gums freely; for, whatever grounds there may be for avoiding this operation under other circumstances, the perilous nature of this disease ought to decide you in its favor at once. You can prescribe the proper remedy for the deranged dentition afterward. The condition of the bowels and the character of the stools should be carefully investigated and taken into account in prescription. But, remember, with regard to all these concomitant disorders, if they have appeared since the inception of the laryngismus, that they are quite as likely to be consequences as causes of it, and govern yourselves accordingly. If you can discover no diseased condition which either was or may have been the cause of the disease, then endeavor to settle it in your mind whether you have to deal with spasm or paralysis of the glottis. Many times this will be easily determined; but, if it is not, observation of one circumstance during the paroxysm will settle it. If the patient can inspire but not expire, it is spasm; if he can expire but not inspire, it is paralysis.

If the form of the disease be paralytic, consider carefully the

question whether it may be due to enlarged thymic, cervical, or thoracic glands. Look at the neck; feel of it; press your fingers deeply under the sterno-cleido-mastoid muscles; for this is the location of the deep-seated lymphatic glands which are most likely to give rise to the trouble. Inquire into the history of the parents and grandparents for scrofula. Has the patient had glandular disease elsewhere? Is it well nourished? Is its belly tumefied and hard? If you have good reason to apprehend scrofulous glandular enlargement, you will need to institute what one school calls constitutional, and the other antipsoric treatment. The nutrition remedies, as Grauvogle aptly calls them, will come in, as well as function remedies for the laryngeal symptoms. You may give calcarea, sulphur and their iodides—whichever is most appropriate—say twice daily, and repeat your function remedy as seems best.

I have left myself little room for the specific treatment of the complaint, and, as I have said, this is mostly theoretic. However, I will tell you what has proved useful, and when, as well as give you a few therapeutic prophecies as to what may be of service.

Remedies for Spasm of the Glottis.

Most prominent of these is chlorine gas, in a weak watery solution; and we owe the development of its relations to this disease to your respected dean, Dr. Carroll Dunham, to whom the whole profession owes so much in many directions. Its symptoms are as follows:

"Spasm of the glottis, which interferes but little with inspiration, giving to it a crowing sound, but which prevents expiration. The respiratory acts consist of a succession of crowing inspirations, each followed by an ineffectual effort at expiration; the whole serving to inflate the chest to a most painful extent. This finally results in more or less complete asphyxia, with or without convulsion, during which the spasm relaxes and free respiration takes place." These are the symptoms given, but you will note that they are those which occur in every case of spasm of the glottis, to a greater or less degree. The characteristic and distinctive symptoms of the drug have never been evolved.

This remedy, gentlemen, has cured several cases of this disease promptly, and a large majority of instances of simple idiopathic spasmus glottidis may be expected to yield to it. You will find the mode of preparing it in *Pareira's Materia Medica*, or in works on chemistry.

The remedy which most closely resembles chlorine in its action, according to the proving of Lippe, is mephitis. It has the suffocative feeling, with inability to exhale; the bloated face and convulsions; but I am not aware of any characteristic symptoms which indicate it in distinction from chlorine, nor has it ever cured spasm of the glottis, to my knowledge.

Sambucus, you know, was the remedy selected by Hahnemann for this disease; but its signal failure to cure the large majority of cases has led some to question whether the usual sagacity of the master did not desert him on this occasion. The fact, however, does not prove that the remedy is not homœopathic to some modalities of the disease, and the trouble lies in our failure to discover these modalities; not in Hahnemann nor in the remedy. This is made evident by its prompt cure of some cases of spasmus glottidis. One of the most marked of these you will find numbered "Case 504," *American Journal Homœopathic Materia Medica;* but, unfortunately, the characteristic symptoms are not stated. You will find in the pathogenesis of this remedy the usual symptoms of spasmus glottidis, but the determining ones for its employment are these: Burning, red, hot face, hot body, with cold hands and feet *during sleep. On awaking*, the face breaks out into a profuse perspiration, which extends over the body, and continues, more or less, during the waking hours; then, on going to sleep again, the dry heat returns.

Should you ever meet with a case presenting these peculiarities, you may be sure sambucus will cure it, and nearly as sure that it will fail, if these symptoms are absent.

Moschus has similar symptoms to the foregoing remedies, and is said to have cured laryngismus. It was probably hysteric in character.

You may meet with cases for which lachesis will be indicated. Of course the sensitiveness of the larynx and trachea to touch will be its leading indication, and a distinctive one.

Besides these five, I am unable to find any remedies that have cured, or are likely to cure, a case of true spasmus glottidis.

Treatment of Paralysis Glottidis.

Bäehr says that the symptoms of closure of the rima are more marked in the pathogenesis of plumbum than that of any other drug. It has the mucous *rale*, with sudden difficulty of breathing, and asphyxia, but I do not know that it has ever been tried as a remedy for this disease.

Cuprum presents similar symptoms. Cases demanding it should have cold perspiration at night, and any accompanying cough should be relieved by a swollow of cold water.

Spongia and *iodine*, bearing as we know, a relation to scrofula, should be studied when we have reason to suspect enlarged glands as the cause of the disease.

Ignatia has the eminently characteristic symptom of difficult inspiration, with easy expiration.

Gelseminum has long inspiration, with crowing sound; expiration sudden and forcible.

Corallia rubra will be serviceable in cases which it is difficult to distinguish from hooping-cough.

Of the other remedies which have been recommended for this disease, perhaps ipecacuanha, hydrocyanic acid, opium, veratrum, and arsenicum deserve some attention; but I am unable to discover their homœopathicity to any form of it, nor have they ever cured a case to my knowledge. Perhaps this may be said of all the remedies I have named for paralysis glottidis; but at least these have this merit, that their symptoms correspond closely to the disease.

In conclusion, gentlemen, I can only express the hope that you may cure every case of laryngismus which falls to your lot, and with this wish I bid you farewell and Godspeed.

XXII.

Intermittent Fever.

By H. E. POWELL, M. D.

It is generally admitted that intermittent fever is caused by the presence of a *material* poison in the system, although it is sufficiently impalpable to have as yet escaped all the tests which have been applied for its discovery; but whether malaria be a fungus or an animalcule, it is certain that it has the power of vitiating the system, where it finds a lodgment to such an extent and in such a manner as to produce a type of disease which is unique and utterly distinct from any other kind of fever.

Taking it for granted then, that this dyscrasia is caused by the presence of a malarial poison, should it not be met by a material remedy? To illustrate this point, if a man be poisoned by opium, we should not think of prescribing a dose of coffee at some high dilution, but rather administer strong black coffee in large doses, so as to neutralize the effect of the poison. So I maintain must malaria be met, to be treated sucessfully, as in the supposed case of poisoning by opium, the dose may not be sufficient to destroy life, and nature with the assistance of attenuated remedies, may be able to expel it from the system, although it would be done more efficiently by a material antidote. So in some cases of intermittent fever, where the *vis medicatrix naturæ* is sufficiently powerful, by the assistance of dilutions, the miasm may be eliminated, yet the desired result may be much more confidently counted upon by the use of such a dose of medicine as shall neutralize the poison, which medicine being at the same time homœopathic to the disease, destroys the susceptibility of the system to the invasion of the poison.

The success which has attended me in the treatment of numerous cases of intermittent fever in New York and its environs, justifies the preceding remarks, as during the last three years, I have never used anything but tinctures in the treatment of it, and to the best of my knowledge, I have only failed to effect a cure in one case, to which I will make further reference before closing this paper.

Had my experience been confined to sporadic cases in New York,

I might have doubted the efficacy of the treatment in malarious districts, but I have taken especial care to treat patients in Mott Haven and Harlem, where intermittent fever abounds.

I presume I am laying myself open to the charge of being a low dilutionist; and, as far as intermittent fever goes, I "own the soft impeachment," *experientia docet*, and it certainly has taught me that tinctures, in the treatment of this disease are more certain, more reliable and more active than any dilution. Let me quote a case or two in point:

Cases I and II.

Two brothers, residing in New York, had, on a visit to Mott Haven, contracted intermittent fever; the form was tertian. They were treated by a homœopathic physician, for *six weeks*, with high dilutions; he left the city and handed them over to another, who treated them for *two weeks longer*, with high dilutions, and he left the city for two days, and during that period they were under my charge. I found them very much prostrated. The attacks in the case of the elder (his age was about thirty-five) had become duplicated, so that, as he expressed it, he had one very bad day and one not so bad alternately. I first saw him upon the day of the lighter attack, or what should have been the apyrexia. I prescribed nux vomica, five drops of the pure tincture, in a tumbler half full of water, and ipecacuanha, five drops of the pure tincture, in another tumbler half full of water, with directions to take a teaspoonful every two hours alternately. The next day the chill came on two hours later, and that was the last he had.

The younger brother, aged about thirty, had just passed into the apyrexia, when I first saw him. Prescribed nux vomica, five drops of the pure tincture, and arsenicum, five drops of the pure tincture, to be taken in the same manner, and he did not have another attack.

These are two cases out of many that I have cured quite as readily, but I quote them because of the previous treatment by high dilutions. And, let me state, that the physicians were no tyros, but men of large experience, high standing, and extensive acquaintance with their materia medica; so that I am justified in presuming that if it had lain within the power of high dilutions to cure them they would have effected it.

Case III.

I was called to see Mrs. D., aged fifty, residing in New York. I found her just emerging from a severe chill, with excessive vomiting

of mucus. This proved to be an incomplete tertian, as she had only the cold and hot stages, the cold very severe, and lasting about fifteen minutes; the fever after was very high, and lasted eight hours. Prescribed nux vom., ten drops of the pure tincture, in a tumber half full of water, a teaspoonful every three hours. The patient had three more attacks, gradually becoming less severe, and has had no return.

Case IV.

Miss S., aged fifty-five, residing at Harlam, in the midst of a malarious district, contracted ague of a subintrant type. Prescribed ipecacuanha, ten drops of the pure tincture, in half a tumbler of water, a teaspoonful every three hours; this resolved the fever into a tertian, when I prescribed nux vom., five drops of the pure tincture in the same manner, and after a few days the medicine was discontinued, as there were no more attacks. A fortnight after, the patient had a relapse, and of her own accord took a large dose of quinine, since which I have not prescribed for her.

Case V.

The case to which I referred, as failing to cure, was a quotidian. I treated this for a fortnight, during which time I succeeded in postponing the attack from ten A. M., to half-past three P. M., when the patient was persuaded to use a patent medicine, and I ceased to prescribe for him.

I feel that I am touching in this paper, upon the vexed question of the "homœopathic dose," which I take to mean, just that dose which will cure best, and I hold that physician very culpable and unworthy of his profession, who will allow his patient to remain ill, while he pursues an abstract theory. The true homœopathist should be prepared to run the whole gamut as occasion requires.

If this paper should be read by any high dilusionist who is satisfied with the results which he obtains in the treatment of this disease, let him pay no regard to what I have written, but, if on the contrary he is dissatisfied, let him give the tinctures a fair trial, *verbum sap.*

XXIII.

Spermatorrhœa.

By HERBERT M. DAYFOOT, M. D.

American society has many social vices, and, as a natural consequence, disease follows in the wake of violated nature. Dyspepsia is the avenging nemesis of the glutton and epicure; the pains and torture of gout too often follow the pleasure and excitement of repeated convivial reunions; while an existence of untold misery is ofttimes the reward of her who saps the life's blood of her embryo offspring.

The sexual instinct is given to man for the propagation of his own species, and the proper use of this function is conducive to his own happiness and the welfare of humanity. But when this same man, the noblest and highest creation of animated nature, degrades and abuses this God-given function, he sinks so far below the level of the brutes, that he pays the penalty of outraged laws by a train of suffering and disease, the contemplation of which is sufficient to make the stoutest heart blanch.

We shall direct your attention to one of the scourges of this nature, viz., *spermatorrhœa*, from the Greek *sperma*, and *reo*, signifying a flow of semen. That this disease has generally been consigned to the treatment of charlatans and ignorant imposters, generally, is a more sufficient reason why it should receive the consideration and investigation of the profession. When it is generally understood that medical science is competent and willing to treat and cure diseases of this nature, a credulous and suffering humanity will not be so liable to be made the victim of every advertising knave who "restores manhood," "cures seminal weakness," "revives the drooping energies," and rejuvenates generally, all for the paltry sum of five dollars; perfect cure warranted or the money returned.

We beg to remind you that the semen is a mixed fluid, consisting, first, of *spermatozoa*, which are produced in the testicles. Under the microscope they are seen to have a singular movement, like a tadpole, about one six-hundredth of an inch in length, with a head of a triangular shape, one-sixteenth of the whole length of the body. We

find these spermatozoa mingled with a glairy, mucus-like fluid which is secreted by the walls of the epidymus and vas deferens; this is deposited in the vesiculæ seminalæ, where it is driven out by the muscular contraction of the surrounding parts, and meets in the urethra with, second; the secretion of the prostate gland. Third, the secretion of the glands of Cowper; and fourth, the secretion of the mucous follicles of the urethral passage. Of these various fluids the spermatozoa is of course the essential one.

I would also call your attention to the fact that the rectum passes directly in contact with the vesiculæ seminales and prostate, and that the latter, when enlarged, not unfrequently encroaches upon the cavity of the gut. Bearing this in mind, you will readily perceive how hardened fæces, passing along the rectum and pressing upon the prostate and vesiculæ, may lead, especially when these organs are enlarged and irritable, to an apparent seminal discharge, which, accordingly, in persons of costive habits, is not unfrequently found to take place during efforts at stool.

Pathology.

The pathology of this disease, like many other affections, is sadly deficient; however, we are aware of the fact that the constant loss of animal fluids disturb digestion and assimilation, and lead to a deterioration of the blood, which becomes watery, losing part of its fibrin and albumen; the blood disks diminish in number, the white globules increase in excess, and the blood itself is less coagulable. We also find that the urine contains oxalates and phosphates.

Ætiology.

The causes that tend to set up a seminal discharge are various, and it behooves the physician to investigate this matter closely, for oftentimes the success of his treatment will depend upon a knowledge of this point.

We sometimes can trace the seat of the difficulty to a gonorrhœa, or rather, gleet; the affected part being at that portion of the urethra where the seminal ducts terminate. Again, constitutional debility, nervous and cardiac diseases, diabetes and tuberculosis are exciting causes; and, in fact, any condition of the system which will produce an irritable weakness of the sexual sphere.

Obstruction of the rectum is a fruitful souce of trouble. We have already referred to hardened fæces pressing against the prostate gland; a tumor of any kind will answer the same purpose; or

ascarides may produce sufficient irritation. Then we have morbid conditions of the rectum, as in piles, fistula, diarrhœa, etc., a aphrodisiacs, and even cathartics may cause an irritation of the seminal vesicles, and thus produce a flow of semen. The use and abuse of tea and coffee, an excessive length of prepuce, horseback riding, sedentary mode of life, hereditary taint are all mentioned as either predisposing or exciting causes.

But undoubtedly the most frequent cause is that of onanism or masturbation, for the very good reason that this filthy and disgusting habit, leaves the parts in such an irritable and excited condition, relaxing the ducts and opening the orifices, that ofttimes the smallest amount of friction is only necessary to produce a seminal emission. Excessive coitus producing a determination of blood to the parts, results in a relaxation of the whole body, and a chronic inflammation of the seminal vesicles and ejaculatory ducts. But whatever the exciting cause, it must be remembered that the irritation which is at first local, soon finds it way to the spinal marrow, from whence the nerves derive their origin, and from thence to the brain, where it is communicated to the sympathetic system, and produces some or all of the following train of

Symptoms.

Paleness of the face with dark margins around the eyes; insufficient sleep; drowsiness, with inability to sleep; dullness of the head; aching and pressing pain in the head; deranged appetite, digestion, and deficient assimilation; sometimes true salivation like pregnant women; pulse quick, irritable, and peculiar; vertigo; deafness and ringing in the ears, etc. Hippocrates says, "such persons eat much, but grow thin; we find gradual emaciation; loss of tone of the whole system; voice grows thinner and the calves of the legs become flabby, losing their substance, and the gait is slowly, dragging without energy." In the legitimate attempts of intercourse, the union between the mind and body being lost, the effort is twofold, and the act of both futile; the emission is completely without the erection, or the erection is not maintained so as to complete the act. The accession of debility is slow at first, but rapid when the disease has taken root. The invalid, for such he should be called, has his attention drawn upon some occasion to a sense of general weakness. He next perceives his memory to be less acute, his voice less clear; a hoarseness will perhaps assail him with an accumulation of phlegm in the throat, in the morning, which he will experience trouble in

getting rid of. He will be troubled with occasional fits of abstraction; become low spirited, melancholy; again, he will exhibit an irritative, sensitive temper, and invariably show an aversion to society and physical exertion. The ultimate termination depends somewhat on the treatment pursued; he may recover, or consumption or decline may claim him for their victim.

Diagnosis.

Bearing in mind the symptoms we have enumerated, there will be no trouble experienced in forming a correct diagnosis. The patient if closely questioned, will acknowledge the condition, though he may be loath to admit the cause. One point it may be well to notice, that a patient who has suffered from involuntary emissions to such an extent as to produce constitutional symptoms, no matter what the cause my be, but more especially in cases of masturbation, *will never look you in the eye even for the shortest space of time.* Such a symptom should arouse the physician's suspicion, and command his closest investigation.

On the other hand, you will sometimes be consulted by patients in the agony of terror and alarm, who imagine they are in a very critical condition. Having read some "marriage guide," or "advice to young men," or some of the thousand and one pamphlets or advertisements that are scattered broadcast through the country, and, being aware of the fact that they have an "emission" every three or four weeks, they imagine they are in great peril, and anxiously seek for relief from the impending calamity. Too often they go to the same source from whence they derived their information, getting their pockets relieved of their superfluous cash, and their stomachs filled with all kinds of vile compounds and mixtures. More happy they if they consult a scientific and conscientious physician, who will tell them that the emission is but a conservative effort of nature to relieve a surplus secretion, and, instead of being injurious, is a wise provision on behalf of the brain; that if it does not happen more frequently than once in two or three weeks, *cæteris paribus*, it is a proof of vigorous health and a full performance of the functions of the testicles and adjacent organs.

Prognosis.

The prognosis must be guarded. Though it is of the utmost importance that we should give our patient all the moral encouragement within our power, yet it must be remembered, that, in

advanced cases, such is the implication of the brain and nervous system a cure is not always possible, even with the most enlightened treatment.

However, I am happy to assure you that homœopathy in this, as in other diseases, has been and can be a priceless boon to the poor unfortunate. When remedies administered in accordance with the principle *similia* fail to relieve, then is the case hopeless.

With a knowledge of the cause, a rational hygienic and moral treatment, together with a well-selected homœopathic remedy, the physician can generally recall vigor and elasticity to the wasted frame, dispel mental aberrations, and soothe the anguish of the troubled and dispairing mind.

Treatment.

Of course, the first point is to endeavor to ascertain and remove the cause. This will be found at times to be a matter of more or less difficulty, but the success of our treatment will depend upon it. As I have remarked, in a majority of cases the disease is the direct result of onanism, and in one-half of the remaining cases it will be found to result from too frequent excitation of the sexual instinct, either from sexual excess with women, and from a perverted and excited imagination, consequent on the mind dwelling upon subjects connected with the sexual passion, or from reading lascivious literature and works of fiction which pander to a depraved taste.

In either of those cases, the first duty of the physician is to show the patient the ultimate result of such a course if persisted in, and obtain from him a solemn promise to abandon his evil practices.

It is absolutely necessary to obtain the confidence of your patient, and by a little tact you will succeed in gaining both the confession and the promise. You can then endeavor to direct his mind to newer and purer channels of thought, at the same time giving him that comforting encouragement which is so necessary in the treatment of diseases of this nature. In dealing with sexual weakness, it is necessary first to depress the fancy, then to strengthen the will; in a word, endeavor to secure a victory over the moral forces, and you will then have a promising and substantial basis of treatment.

I place much stress on the hygienic measures which are at our command in the treatment of this difficulty.

No general rule can be given as regards the diet. The physician must use his best judgment in each individual case. That which is most frequently indicated is a plain, nutritious diet, not partaking

of a stimulating character. Coffee, tea, spices, game, spirituous liquors, oysters, celery, and, in fact, anything and everything that will prove an excitant to the sexual organs, must be interdicted.

Female society, especially in the evening, must be avoided. If possible, it would be well to abstain from the use of tobacco. Where the system is much run down, a little light wine may be used.

Where masturbation is the cause, the patient should go to bed early, sleep on his left side, on a straw bed or mattrass; the covering should be just enough to keep him from taking cold. As the most frequent time of emission is early in the morning, he should make it a point to arise the moment he awakes, say at five o'clock, take a quick, cold bath, taking care to rub himself with a rough towel, till he gets up a re-action.

His dinner should be the heartiest meal; the supper light. Some active exercise should be taken after supper, and when he retires, particular pains should be taken to evacuate the contents of the bladder and rectum. Where the bowels are constipated, recourse may be had to cold water injections.

In regard to the drugs to be used, it would be superfluous on my part, to give all the indications bearing on this malady. You have your materia medica ever at hand, and you all know what the totality of the symptoms mean. I will however, mention some of the remedies which in my hands have proved especially effacacious in this disease.

China will commend itself "after loss of animal fluids." I generally use five or six drops of the mother tincture, after each emission.

Digitalis.—I can give you no indication for the use of this drug. The provings show an undefined action, something like an irritation of the brain, and genital organs; it is without doubt an efficient agent in the treatment of spermatorrhœa proper. Sometimes the heart symptoms point to me its use.

Nux vomica.—For "old sinners," those addicted to spirituous liquors, late suppers, etc. The indications are constipation, bad taste in the mouth from headache, nausea, etc. This remedy and its alkaloid strychnia are worthy of attention, where impotence is feared, or has resulted.

Phosphoric acid is a noble remedy, and has proved a priceless boon to the victim of self-abuse. From its well known action on the cerebro-spinal system and great sympathetic, it has a powerful influence on the generative organs. When you have moral emotions,

nervous symptoms, loss of animal fluids, sinking of the vital energies, phosphatic deposits in the urine, etc., this remedy will demand your earnest attention, and closest investigation.

Other agents are caladium, gelseminum, lupulin and kali bromat, *anacardium*, for its "weakness of the memory, mind and the senses" should prove beneficial in certain cases, though as yet I have not had occasion to test it.

As a prophylactic for children and boys given to self-buse, I would have no hesitation in applying a blister to the penis.

As a valuable adjuvant I can heartily speak a good word for electricity, it has helped me out of some close corners, and I would especially recommend it for your consideration in obstinate cases.

XXIV.

Case of Aphonia.

By S. C. KNICKERBOCKER, M. D.

Miss A., aged sixteen, of slender form, and subject to menstrual irregularities, had suffered from several attacks of aphonia, and at times would be unable to utter a loud word for a week. Prescribed pulsatilla[30], to be taken in water every three hours during the day.

The following morning found the patient no better. While examining the anterior portion of the neck, discovered a spot very tender to the touch. This symptom led me to prescribe lachesis. Prepared the thirtieth dilution in water, and ordered it to be taken every three hours, till three doses had been taken, and then to omit the medicine until I should call again.

On calling the following morning, found the patient had regained voice in its usual strength and clearness, and said that immediately after taking the third dose of the medicine, the voice returned, and the tenderness in the cervical region soon passed away. I have not learned that there has been any return of the aphonia since this attack, which occurred four years ago.

XXV.

Spasms of the Larynx.

By S. C. KNICKERBOCKER, M. D.

Mrs. W. F., aged about fifty-five, of nervous temperament and delicate constitution, had been under the treatment of a physician of another school, at intervals, for some years, for a difficulty which he diagnosed as croup, but obtaining no permanent relief, and the attacks becoming more frequent and severe, she concluded to try homœopathy, and, accordingly, I was called to visit the patient. I found that the attacks consisted of a sense of constriction of the larynx, attended with dryness of the whole throat and mouth, and that they invariably occurred after sleeping.

The exacerbation after sleeping being the "key-note" of lachesis, that never fails me, I prescribed lachesis^{2c}, with perfect confidence that it would give relief. The day following, I learned from the patient that there had been no paroxysm during the night. There was no return of these spasms for several weeks, when, one day, she sent to my office a message saying that the night previous there had been a slight return of the throat difficulty. I sent a powder of lachesis^{2c}, to be dissolved in half a tumbler of water, and a dessert spoonful taken three times a day, until the solution was gone. I have heard of no return of the disease since that time, which was two years ago.

XXVI.

Case of Gastrosis.

By S. C. KNICKERBOCKER, M. D.

Mr. W., aged about thirty-eight, of sanguine temperament, head bald, had suffered from dyspepsia for several years; was obliged to change his business from that of a dry goods merchant, to that of a farmer; since the change, had been somewhat better.

At different times I had prescribed arsenicum, carbo veg., bryonia, pulsatilla, nux vom., and sulphur, but with only temporary relief.

On the fifth of October last, he called, and wished me to give him something to relieve the difficulty of the stomach, which was more or less troublesome all the time, and caused him to feel uncomfortable, uneasy and unhappy.

I examined the case carefully, and elicited the following symptoms: Burning and uneasiness in the stomach: relieved by eating: canine hunger, at noon and evening. This was all there was of it.

Mezereum covered the case perfectly. (*Lippe's Materia Medica.*)

Gave a single dose of mezereum[30] on the tongue, to be followed in ten days, if not better, with a single dose of the two hundredth potency.

Have heard no more complaint of the stomach since mezereum was given.

XXVII.

Case of Biliary Calculi. Morbid Deposit in the Urine.

By HANS POWELL, M. D.

Mrs. J., an English lady, aged eighty-seven, had been suffering for about twenty-four years, with almost complete prolapsus uteri. Had steadily refused to allow various physicians to apply any instrument, bandage, or other remedy, and, with the exception of occasional difficulty in passing urine, and some œdema of the feet, has enjoyed remarkably good health.

On the twenty-sixth of January, I was summoned, she having for some hours complained of difficulty and pain in urinating, which had been somewhat relieved by the administration of a few drops of spirit of nitre. Found the patient sitting in an arm-chair, having refused for some months to lie down. Complained of severe pain, which came in paroxysms, in the region of the epigastrium, or toward the right side, and thence shooting to the back; pale skin, small and feeble pulse; anxiety, restlessness, hurried respiration, and great prostration, with desire to pass urine every few minutes, and inability to retain in, or to rest in any position with ease. The uterus was almost entirely protruded from the vagina, resting upon the edge of the chair, considerably ulcerated, with discharge of purulent matter. Administered lycopodium in conjunction with aconite, and within six hours she passed, with considerable pain, ten or twelve regular gall-stones, of a yellowish brown color, of various shapes, but all with irregular faces and rounded angles, produced by their mutual pressure and attrition. On the morning of the twenty-seventh, the uterus had receded or contracted, and disappeared into the vagina, causing the attendants considerable alarm and anxiety, the urine still continuing to pass involuntarily every few moments. Continued the same remedies, with the addition of a few drops of tincture of belladonna, and before evening, ninety-six similar stones were passed, one or two of which were of unusual size. On the twenty-eighth, the patient was somewhat easier. The intermissions or paroxysms of pain being longer, continued the same remedies, and before the following morning, one hundred and forty-

Biliary Calculi.

Representing size and appearance.

two similar stones were passed. The uterus having again come down to its abnormal position, for the next two or three days the pain and difficulty of passing urine continued with longer intervals, and almost every time it came away, various quantities of similar stones were voided, the exact number of which could not be counted, owing to the fact that they would be scattered and lost upon the floor. The accompanying box full were voided within five days. The following week she continued passing a few almost every time urine was voided. The bowels during almost the entire time, were constipated, relieved however by the administration of nux vomica. The patient is now convalescent and likely to live some time. The uterus is still protruded, and some slight discharge of purulent matter continues, but the urine is passed without pain or difficulty, and otherwise is as well as she has been for twenty odd years, and able to be about her room; appetite good, and bowels regular. It was impossible to determine, owing to the protrusion of the uterus, whether the stones were located in the gall bladder, biliary ducts, or in the posterior portion of the vagina; none were passed by the bowels.

The accompanying illustration represents the size and color of the gall stones.

XXVIII.

Gonorrhœal Ophthalmia.

By J. C. HARRINGTON, M. D.

This case may be of little interest to the older practitioner, but believing it to be one of some import, I send a statement of what was prescribed, and the result of treatment.

About the 13th of September I attended a lady in confinement. The babe, a healthy male child weighed about eleven pounds. The ninth day after birth I was asked to prescribe for the babe, the nurse remarking that one of its eyes was quite sore.

On examining the eye quite hastily (as physicians are apt to do when pressed with business), I discovered considerable redness of the conjunctiva, with some inflammation of the lids. I formed the opinion, and so expressed it, that it was a case of ophthalmia neonatorum. Prescribed aconite and belladonna, first dilution of each, to be given, the usual way, every hour.

The next day called; found the child much worse, and was at once convinced that I had made a wrong diagnosis. It was an unmistakable case of gonorrhœal ophthalmia, progressing with all the rapidity and virulence this terrible disease is capable of.

The palpebral conjunctiva was intensely red, swollen and villous, discharging a copious secretion of pus about the consistency of thick cream. I say copious, because a teaspoonful of it could be pressed from the eye several times a day, besides the large quantity that was constantly escaping.

I will not give in detail the symptoms, or a minute description of the disease, as any one may find all very perfectly described in *Druitt's System of Surgery* (pages 354–356), but will simply state the treatment and the result.

Took five grains of nitrate of silver, put it in one ounce of aqua pura, which, after having dissolved, I applied very thoroughly to the eye twice a day with a camel's hair pencil, and gave directions to the nurse to cleanse the eye once an hour with a decoction of calendula I had prepared for that purpose, also to keep cloths saturated with the calendula laid on the eye during the intervals.

Gave the child a small powder of mercurius viv.[3], and put ten drops of cantharides[3] in half a glass of water, half a teaspoonful of which was to be given, in alternation with mercurius viv., every hour.

The next, or third day, found that the treatment had made but little if any improvement in the little patient. I had been employing chlorate of potassa in ordinary cases of gonorrhœa, and it occurred to my mind that it would be quite as useful in the eye as in the urethra. I accordingly prepared a solution, fifteen grains to the ounce, of aqua pura. Dispensed with the calendula, and used the potassa as the decoction had been used (except the application with the cloths), in conjunction with the argenti nitras, and gave, as internal remedies, euphrasia[3] and cantharides[3]. Gave the cantharides to regulate the urinary organs, as there appeared to be considerable stranguary.

On the fourth day I called, and found the secretion of pus had somewhat diminished, and, as yet, no ulceration of the cornea had taken place. Continued the treatment.

Fifth day, found the secretions gradually but slowly diminishing; but the sclerotica was so intensely inflamed that the iris could hardly be discerned, and, although the disease was in some respects under control, I could hardly hope to succeed in saving the child's eye. Continued the treatment until the eighth day, when the argenti nitras was discontinued, and a solution prepared, of sulphate of zinc, two grains to the ounce, of water, and used twice a day, at the same time continuing the chlorate of potassa. Gave belladonna[1] and aconite[1], in half teaspoonful doses every hour, alternately. Continued the treatment four days, when the other eye became similarly affected, through the negligence of the nurse, although specific directions had been given as to the necessity of keeping the virus from the other eye.

The other eye received similar treatment, and the result was most gratifying, as the child's eyes appear now perfectly well.

XXIX.

Case of Prolonged Constipation.

By G. Z. NOBLE, M. D.

The following case, treated by my father (Dr. O. E. Noble) while I was yet a student with him, is given, not so much for the treatment pursued, as for the unusual length of time during which there was no evacuation of the bowels. The report is made mostly from notes given by the father of the patient.

Anna P—— was born May 14th, 1844. From her birth, she appeared to have suffered from a weak condition of the stomach. When about fifteen months old, an eruption made its appearance on the scalp and face, covering the whole of the right cheek, accompanied with much heat and itching. It also made its appearance on the right arm and thigh, and continued for several months. Various allopathic remedies were applied to remove it, and finally with success. During the time the eruption was out, the bowels were very much deranged, being loose and the discharges watery. So much relaxed were they, that prolapsus ani was the result. But when the eruption disappeared, constipation followed; and in order to remedy it, recourse was had to cathartics, usually purgative pills. These cathartics, however, gave only temporary relief, and a relapse into the same state, but more aggravated, was sure to follow. This state of things continued until she was five years old, when the bowels seemed to gain strength, and healthy evacuations were discharged. This was effected by a discontinuance of purging medicines, and by using enemas of water. After natural action of the bowels was established, all laviments were dropped.

In the fall of 1854, she began to give signs of illness; constipation followed, and the nervous system was greatly affected. She complained of pains in the epigastrium and hypochondrium, especially after eating and on going to bed; would often be filled with alarms and agitations; starting up in sleep, and crying out in anguish. To quiet these pains, carminatives were sometimes administered, and sometimes a few drops of paregoric. Constipation, however, became more obstinate, and resort was had to a compound pill of one-half

grain extract dandelion, one-half grain blue mass, two grains aloes, and two grains rhei. At first, two of them would move the bowels; but every dose rendered the next less efficient, until it took from six to eight, administered two at a time on going to bed, until they operated. Finally these doses produced no operation. Enemas of salts, castor oil, and of water, first one, then the other, were administered about the twentieth of January, 1855, and an evacuation of the bowels was produced. But from that time to the first day of April, nothing would move the bowels. The patient had become so thoroughly disgusted that she could not be compelled to swallow allopathic medicine and retain it even for a few minutes. Foiled in all their efforts to help her, and alarmed on account of the long retention of fæces, her father was induced to try homœopathic remedies. As he said on the first visit to the patient, he had never examined the practice, and therefore had little confidence in it, yet it was the only hope left, and was applied to as a dernier resort.

On the second day of April, nux and sulphur were prescribed, and immediately a beneficial change was evident. The appetite was better; sleep was more sound; the spirits livelier; and the tongue, which for a long time had been red, smooth, and glassy (and the lips red, also), began to look natural. The skin upon the body, over the bowels and stomach, was of a dirty ash color, and the face pale, or of a leaden hue, and the veins about the temple and forehead deep blue.

On the twenty-ninth of April, just four weeks from the first visit, the patient passed a very large ball-like stool, the next day several others, and on the first day of May, there was a general moving out. During all the time, from the twenty-seventh of March, to the time above mentioned, she wore every night a wet compress over the bowels and stomach, and blood-warm enemas of water were administered on going to bed, and on dressing in the morning. As soon as a movement of the bowels was effected, the nux and sulphur were discontinued, but the enemas and compress continued. The bowels moved regularly for about five weeks, when they ceased to move. Resort was again had to nux and sulphur, and continued for four weeks, but no amelioration took place. These were discontinued and mercurius was administered for eight days. One week after, commenced administering causticum and natrum three times a day; and at the end of seven days, an evacuation was procured, yet not so thorough as the former. Eight weeks elapsed from the time of the cessation, till they were again moved. On the second day of

September, she passed a small hard ball, and then ceased. Natrum and causticum were administered as before, for eight or ten days, but no benefit from them. Mercurius was then administered; then bryonia for several days, but no amelioration. On the fifteenth of November, resort was had to lycopodium, giving three globules every other night, of the thirtieth dilution, until it was given five times, and to the astonishment of the parents, the bowels commenced moving, and were thoroughly evacuated. This was on the twenty-fourth of November. The compress and enemas were daily continued. From that time, until the twenty-ninth of December (when the record ceases), there was no day, without a movement. Once or twice she showed symptoms of constipation, but the administration of lycopodium at bed time, produced an action the next morning, without the aid of an enema. The compress was still continued. The tongue looked healthy; appetite good; skin clear and smooth; rests well at night; spirits generally cheerful and countenance somewhat ruddy. The most she complained of was weakness as she called it, causing her frequently to draw a long breath; she remained passably healthy, without any return of the constipation, until the time of her death some two years after, from what her attending physician (they having removed to another locality), called typhoid fever.

The first period in which the patient had no movement of the bowels, was one hundred and five days; the second, fifty-seven days; the third, eighty-five.

XXX.

Case of Cystitis.

By T. L. BROWN, M. D.

March 15, 1869, I was called to see Mrs. A. V. A., aged forty-seven. The patient was the most perfect specimen of the lymphatic temperament I ever saw; weight one hundred and eighty-two pounds. For two years had suffered from attacks of difficult urination. During the past three months, had suffered day and night, from the following symptoms: Frequent desire to pass urine, sometimes as often as every half hour, passing only a half ounce or so at a time; burning pain in the urethra, at the time of urinating; a feeling as if the "passage was to small;" walking, standing or lying in bed, increased the desire to urinate; better of all the above symptoms while sitting in a chair.

The patient had made several trials of physicians and remedies, without, as she remarked, the "*slightest relief.*" Two other physicians had been treating her for three months, to the best of their drug ability.

After examining the case, and while I was putting up four powders of cantharis^{2c} (Dr. Dunham's), she remarked, "I do not think those little powders will do me any good." I replied, "I cannot say that they will, but am making the best prescription my experience and knowledge dictate; will you faithfully take this prescription?" To this the patient readily assented. I then directed her to dissolve one of the powders in half a glass of water, and take one table-spoonful every hour, until relieved. In three hours after taking the first dose, urine was passed with perfect "ease and comfort," as she expressed it.

I have seen the lady several times since, and she says there has not been the slightest return of the above symptoms.

Who will say "faith" relieved her? Can high dilutions be repeated often with success? Does it require a stretch of imagination to believe *cantharis*^{2c} did not cure her?

PART II. SECTION III.

REPORT OF BUREAU OF OBSTETRICS.

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CONTENTS.

XXXI. The Place of Ætiology in Therapeutics. Illustrated by Three Cases of Puerperal Convulsions. B. H. Cheney, M. D.

XXXII. Case of Puerperal Convulsions. S. D. Hand, M. D.

XXXIII. Case of Threatened Puerperal Convulsions. J. C. Harrington, M. D.

XXXIV. Causes of Female Diseases. H. Minton, M. D.

XXXV. Coccyodynia. W. S. Searle, M. D.

XXXVI. Dystocia. S. C. Knickerbocker, M. D.

XXXVII. Case of Ovarian Tumor, Cured by Calcarea. Charles Sumner, M. D.

XXXVIII. Case of Leucorrhœa, Cured by Sepia. Charles Sumner, M. D.

XXXIX. Case of Scirrhus of the Mammary Gland. T. Dwight Stow, M. D.

XL. Case of Chronic Metritis, Treated by Pulsatilla. T. Dwight Stow, M. D.

XLI. Case of Chronic Metritis, Treated by Lilium Tigrinum. A. R. Wright, M. D.

XXXI.

The Place of Ætiology in Therapeutics. Illustrated by Three Cases of Puerperal Convulsions.

By B. H. CHENEY, M. D., of Chicago, Ill.

In treating a given case of disease, physicians frequently do not pay that attention which they ought to its immediate cause. The fault is by no means peculiar to any one school of practice, but is more or less common to all.

The old school, it is true, has for a long time maintained the maxim, "*Causa lata cessat effectus*," and is fond of pointing to it with much complacency, as not only according with science, but also as resting upon the broad basis of common sense. There are, however, two objections to the acceptance of this maxim as a law of universal application:

1st. It is by no means always true; 2d. And even if it were, one would be doomed to frequent disappointment in its use, from the fact that the idea of the cause must necessarily be often either a random conjecture or an arbitrary assumption, taken to explain a preconceived pathological theory or hypothesis.

The possession of a law of therapy gives homœopathy decided vantage-ground here, yet the claims of ætiology are too often lost sight of by the homœopathic practitioner; hence, vexatious disappointment sometimes results, when a cure was confidently expected. Reference is not had here to those ætiological considerations which affect or determine the choice of the remedy, but to those conditions which demand attention distinct from the medication for the disease in itself considered.

I propose, then, in the present paper, to briefly consider how ætiological conditions of this kind should modify or qualify our therapeutics. In the first place, however, it will be well to define and establish certain principles, from which the conclusions are drawn.

To begin, what do we understand by a "cause of disease?" I answer, anything, material or immaterial, which, under certain circumstances and conditions, is capable of disturbing that equilibrium in the functions and forces of the organism which we call health. It

is not necessary that this something be in itself hurtful or inimical to a physiological condition; for, under certain circumstances, that which is at other times or to other individuals perfectly harmless, may be the source of serious disease. We find, therefore, that a certain condition of the system which we term "predisposition," is prerequisite for the operation of any cause of disease. This predisposition may be hereditary or acquired, it may be permanent or temporary; it may be universal, *i. e.*, common to the whole human race, or confined to an individual.

Abstract speculation does not come within the scope of this article, but it might be an interesting subject of inquiry, as to how far the homœopathic remedy operates (in some mysterious way which it is not germain to the matter in hand here to consider) upon this condition or state, called predisposition, while the exciting cause is removed in other ways; in instances of so-called idiopathic disease, by the recuperative power of nature, the predisposition being nullified by appropriate medication; in other cases, by art, mechanical, or otherwise. In chronic diseases, the original exciting cause may have long since ceased to be operative, and its effects worn out by time, yet the abnormal condition persists, being maintained by reproduction of its own elements, which is no less a law in pathological conditions than in physiological states. Hence, perhaps, the reason why high attenuations of the properly chosen homœopathic remedy especially operate with such magical results in chronic diseases. The exciting cause having long ceased to exist or be operative, one dose of the carefully affiliated remedy will frequently rectify that disturbance of the equilibrium, which is the essence of the disease. But to cure this same disease at its inception might have required repeated doses of the remedy, and, in addition, removal or counteraction of its exciting cause by art.

Those practitioners, therefore, who conclude, from the success of pure medication in certain diseases, that nothing more is necessary in any case than the exactly corresponding remedy, chosen from sympathetic indications, manifestly make a mistake, and must often be disappointed. No less in error are those who base their theraphy upon what might be termed an ætiological pathology, for, as we see, it by no means follows that with the removal of its exciting cause the disease ceases.

To spend twenty-four hours in careful but fruitless medication for the relief of obstinate vomiting, and then have it pointed out by

acute counsel that the vomiting is due to a strangulated hernia, is not pleasant. Nor is it good, on the other hand, having extracted a foreign body from the eye, to pay no attention to the conjunctivitis which has been set up by its presence.

To express all this in few words, it may be said:

1. That every disease owes its origin to the existence of a predisposition, rendering the organism susceptible to the operation of an exciting cause.

2. That the nullification or modification of the predisposition, and the removal of the exciting cause, are *both* necessary to the cure of the patient.

These principles may seem elementary and trite, yet they are daily ignored or lost sight of in practice. They can be best illustrated by considering them with reference to a definite disease. For this purpose I choose *puerperal convulsions*, partly because its varied causation is such as to render it very apposite as an example, and partly, also, because I have in my mind three actual cases, which well illustrate the ideas advanced above.

It is not my purpose to enter upon any discussion of the pathology of puerperal convulsions. I will only remark what every physician has probably noticed, that the opinions and ideas, both of practitioners generally and of the text-books, concerning the nature of this affection are, in the main, extremely vague and unsatisfactory. One authority considers them due to inflammation; another regards them as purely nervous; again, another thinks he has cleared up much doubt and uncertainty by simply classifying their different varieties from analogy with convulsive seizures taking place at other times, as hysteria, epilepsy, etc. But it is manifest that such a classification determines nothing for pathology. The puerperal state may prove either the predisposing or exciting cause of hysteria; but it is no more proper to call this hysteria "puerperal convulsions" than it would be to consider an attack of small-pox, taking place in the same patient, a distinct affection, as a puerperal exanthem. Of late, the probable dependence of this affection upon uræmia has been very extensively discussed; but, as we shall see, this condition does not exist in every case.

In the present state of our knowledge, the only rational basis of classification for puerperal convulsions would seem to be that of its different causes. These, as Scanzoni pointed out, may be *centric* or *eccentric;* that is, proceeding by direct action from the brain, or

spinal cord, or by reflex action from some other part of the system. The three following cases will, I think, show that whatever view one adopts regarding the nature of this terrible affection, a careful attention to the ætiology of each case, affords the only basis for rational and successful treatment. The first of these cases occurred in the practice of a friend; the second came under my own observation; the third I condense from one related by Dr. Bedford in his work on obstetrics. I will simply premise that the friend of whom I speak is an old school physician, and that the second case occurred some years ago, when I also was a member of that school, which will explain the absence of homœopathic medication in their treatment. It will be understood that these cases are not chosen as being rare or remarkable, but on the contrary, because they are everyday cases, and yet illustrate the above principles. In brief, they show how diseases, one and the same in their external manifestations, may yet require very different treatment, according to their cause.

Case I.

Mrs. A., aged about thirty-five or forty; very stout, robust and florid, was seized with convulsions in the height of her labor. Her condition, aside from the usual symptoms of convulsions, was that of intense arterial excitement; pulse bounding and full; eyes congested, pupils dilated; face flushed; head hot. The manifest indication here was to lessen the arterial excitement. To the old-school mind, this is best accomplished by depression of the system at large. Accordingly, bleeding almost to syncope was at once resorted to. Opium being then given, the labor pains, the exciting cause of the convulsions, were arrested, and when the pains returned, the predisposition of plethora being removed, the convulsions did not recur. The same end could undoubtedly have been attained by homœopathic doses of *belladonna*, but the principle remains the same. This attack of convulsions was centric, and no treatment other than that directed to the cerebral congestion would have been successful.

Case II.

I was summoned in the night to see Mrs. B., aged about thirty-eight; multipara, of phlegmatic temperament, and sluggish habit of body, who had also been seized with convulsions in the progress of her labor. On my arrival at the house, I found that the attend-

ing physician had already, upon the routine principle, bled the patient sixteen ounces, but without result, and he considered the case hopeless. The patient was already very weak from the loss of blood, and from the repeated attacks of convulsions. In the interim between the convulsions the patient lay in a stupor, with stertorous breathing. The seizures were very violent, accompanied by frothing at the mouth, and the symptoms usually attendant upon epilepsy. The attacks occurred, I was told, at the beginning of each pain. I at once made a vaginal examination, and found the head, at the entrance of the inferior strait, wedged and flexed upon the breast. The vertex was found to press strongly upon the symphysis pubis, the anterior lip of the os or cervix uteri being caught between the head and the bone. The convulsions in this case were evidently due to reflex action from the pressure of the head upon the nerves of the cervix. Introducing the forceps and delivering at once, the patient had but one convulsion afterward, and that very slight. A large dose of morphine arrested for a time uterine contraction, which in this case was very strong; and the exciting cause in the pinching of the cervix between the head of the child and the sympysis pubis being removed, the convulsions ceased. Homœopathic medication would have accomplished all that the morphine did, and with no disturbance or prostration of the system at large. But it must be evident that no medication, homœopathic or allopathic, could have arrested more than temporarily, the convulsions, which owed their origin to the cause above mentioned. The trouble was mechanical, and required a mechanical remedy.

CASE III.*

A primipara, in the eighth month of pregnancy, was seized by convulsions, without any premonitory symptoms, and while engaged in conversation with her husband. Dr. Bedford being hastily summoned, found upon inquiry that her previous health had been throughout gestation up to that time very good, and no reasonable cause could be assigned for the attack. Closer inquiry, however, elicited the fact that the patient "had partaken of a hearty tea, indulging freely in preserved quinces, and in addition she had eaten a large quantity of plum cake. Precisely two hours after this repast the convulsions ensued." Learning this, Dr. Bedford promptly administered an emetic, consisting of twenty grains of the sulphate

* See *Bedford's Obstetrics*, 3d ed., p. 487.

of zinc in half a tea-cup of tepid water, which took effect in three minutes; the quantity of quinces, plum cake, etc., ejected nearly half filling an ordinary wash bowl. There was no recurrence of the convulsions, and the patient fell into a quiet sleep.* Dr. Bedford states that he took good care to test the urine for albumen, but found not a trace of this element. He concludes: "Is it going too far to surmise that, without the prompt action of the emetic, according to every law of professional calculation, the patient and her child would have both been sacrificed? I think not."

In this case, the indigestible food, which was the exciting cause of the convulsion, was a poison, and its removal by an emetic was just as imperative as though it had been an ounce of laudanum or other poisonous drug. The treatment adopted would, therefore, have been good practice, even in the hands of a homœopathic physician, and was in fact the only rational course to pursue.

While, therefore, I am far from being disposed to advocate or apologize for anything like mongrelism in practice, and while I believe that the homœopathic law of cure affords the one sure and safe guide in medication, I yet would urge the important necessity of not confounding our ideas of disease in such a way that the exciting cause shall be lost sight of or ignored in our therapeutics.

* This patient passed on to her full time; her delivery was natural and her convalescence not interrupted by any accident.

XXXII.

Case of Puerperal Convulsions.

By S. D. HAND, M. D.

March 21, 1870.—Mrs. M., aged about twenty-six, gave birth to her first child, after a labor of twelve hours, moderate in severity, and complicated with no untoward circumstances.

One hour after the birth, the patient being comfortable, and the placenta having passed away, all circumstances being favorable, I returned to my office.

After six or eight hours had elapsed, I was summoned, as the patient was in convulsions, and the friends thought her dying. Found her entirely conscious, having recovered from the first paroxysm which, I was informed, continued about fifteen minutes. Patient complained of pain, and a feeling of pressure in the head, extending over the entire head, with a confused feeling, partial loss of memory, etc. The face was flushed, heat in the head and face, but no general increased heat, the pulse wiry and increased in frequency, dryness in the mouth, with some thirst, but no pain except in the head. I administered belladonna[6], removed all persons from the room except the attendant, admitted plenty of fresh air, and awaited the results.

In about half an hour from the end of the first paroxysm, another, moderate in severity, occurred, which I witnessed. The only premonitory symptoms that I observed was slight chilliness, with a little nausea, and twitching of the muscles of the face. These symptoms were soon followed by a rapid convulsed movement of the muscles of the body and limbs, dilated pupils, difficult breathing, etc., which continued with slight intermissions for fifteen minutes.

When these convulsive movements ceased, the patient passed into a state of stupor, from which she could not be aroused for about fifteen minutes, when consciousness was recovered; complained of pain and pressure in the head, with nausea and faintness. I repeated the dose of belladonna.

After remaining conscious about ten minutes, the paroxysm

returned with greater severity than before, accompanied with strong efforts to vomit. From this paroxysm, which continued about the same length of time as before, she did not fully recover consciousness, but appeared exhausted, and in not more than fifteen minutes the convulsions recurred, violent as ever, and as long continued.

From the next paroxysm the patient did not recover any degree of consciousness except a mere ability to swallow. At this stage the case seemed to me to be growing desperate, and although I thought belladonna covered the symptoms very well, concluded to discontinue it, and try a remedy with which I had hitherto had no experience in similar cases. Accordingly administered one drop of the mother tincture of veratrum viride.

The next attack occurred soon after the administration of the medicine, and did not differ much in severity and continuance from the two preceding ones. In the interval between this and the following one, the patient did not arouse from the stupor, but breathed easier, had less redness of the face, and no return of the nausea.

The next paroxysm, which was the last one, was comparatively very light, and did not continue more than five minutes. No efforts were made to arouse her except to give veratrum viride. After sleeping half an hour, became conscious, complaining only of weariness and a slight headache.

The convalescence was slow, but very favorable, having slight headaches and nausea for ten or twelve days, after which, health was good as usual. The child was small, but well formed and healthy, and for his special benefit she had an abundant flow of milk.

A little previous history may throw some light upon this case. For a year or two previous to pregnancy, I had occasionally treated her for prolapsus, leucorrhœa, general debility, loss of appetite, coldness of the extremeties, and a low condition of the vital forces generally. Under homœopathic treatment her health became greatly improved, so that for three months before the commencement of pregnancy, had heard nothing from her, except the enjoyment of perfect health. But during nearly the whole period of gestation, the system was greatly disturbed, and the sufferings more severe than I have ever known in any case. These consisted of severe vomiting, constant nausea, with burning pain in the stomach, entire inability to retain food, except a very small quantity of thin gruel or beef broth, and these would often excite protracted vomiting. Added to these were a constant pressure and confused feeling in the head, with

paroxysms of intense burning pain, prostration of strength, and coldness of the extremities, dryness of the mouth without much thirst.

These symptoms continued with slight intermissions, until about the end of the eighth month, when they gradually subsided, and for the last three or four weeks the patient was comfortable.

Among the remedies administered during this time, none of which gave but slight relief, were arsenicum, ipecacuanha, belladonna, pulsatilla, and lobelia, the last of which relieved the nausea more than either of the other remedies. I gave these in the mother tincture, and in the third, sixth and thirtieth attenuations.

With this brief, imperfect statement, I leave the case with the profession, hoping and believing that in some of these terrible cases of puerperal convulsions, so trying to the physician, and so often fatal, the veratrum viride may be found to be a remedial agent of greater value than any hitherto employed.

Some queries suggest themselves to my mind:

First. Would the veratrum viride have relieved the distressing symptoms during the period of gestation?

Second. Would the veratrum viride have acted thus promptly in any of the high attenuations? These and other points will probably be settled by further investigation of this important remedy.

XXXIII.

Case of Threatened Puerperal Convulsions.

By JAMES C. HARRINGTON, M. D.

September 13.—Was called to visit Mrs. D., aged thirty-two. It was the seventh day after the second confinement. Found the patient suffering from severe after-pains. Upon an examination ascertained the following symptoms:

Severe, cutting, paroxysmal, bearing-down pains through the uterine region; excessive tenderness across the bowels, seeming to involve the uterine appendages and the whole of the entoneum. Not much febrile excitement, but considerable thirst; eyes expressive of great anxiety; sharp, lancinating pains in the head, particularly in the frontal and temporal regions; bowels constipated.

Prescribed belladonna[1] and aconite[1], from eight to ten drops, in two glasses half-full of water each, to be taken two teaspoonsful every half-hour in alternation. Then put half a grain of sulphate of morphine in eight teaspoonsful of aqua pura, and gave the patient two teaspoonsful, it then being about fifteen minutes since the other medicine had been taken. Left directions with the nurse to administer the morphine every two hours until sleep was induced; also directed the application of cloths, wrung from hot water, to be placed across the abdomen, and changed every ten or twenty minutes.

The day following, found the patient very much better. The aconite and belladonna had been taken as directed, and only two doses of the morphine were administered.

Prepared a fresh supply of the same remedies, and lengthened the intervals to an hour, to be continued alternately until the next visit, and prohibited the further use of the morphine. Ordered an enema of tepid water, with an addition of a little salt, to be given in sufficient quantities, and often enough to produce a movement of the bowels.

The third day found the patient had passed the night very comfortably; there had been a movement of the bowels; the pulse eighty-two, and the patient considered herself almost well.

Whether this case would have resulted in puerperal convulsions or not, of course I am unable to say; but with the presentation of the foregoing symptoms, and the favorable circumstances under which they appeared for the production of this dreadful disease, impressed me with the opinion that I could reasonably expect convulsions if medication had been much longer delayed. The above described treatment resulted in a speedy and perfect recovery.

XXXIX.

Causes of Female Diseases.

By Prof. H. MINTON, M. D., Brooklyn. *

Improprieties of Dress.—A great deal has lately been said and written about ladies' dress. Indeed, the social philosophers of the day agree just at present in the investigation of that all-important and absorbing phenomenon—woman. They are now viewing her in every aspect; they are busy, with all their paraphernalia, in making daily vivisections of her; their whole armamentarium is being brought forward to elucidate and illuminate her mental, moral and physical status, and all the newspapers, with their accustomed alacrity, are spreading the results before an eager world. The question is not only, shall she be enfranchised, shall she vote, but how shall she—no, excuse me—not how *shall*, but rather how ought she to dress, so that she can, with some equality of chance, enter in and compete with man for the numerous and legitimate prizes of life? But the aspect, gentlemen, of the question most interesting to us, as student and physician, is, whether or no the prevailing style of fashionable dress is injurious to health, or in any way productive of uterine disease.

The graceful and becoming dress, worn by American women, undoubtedly possesses the great advantage of developing the beauties of a good figure, and concealing the defects of a bad one.

"For the proper performance of the function of respiration, an entire freedom of action should be given to the chest, and more especially is this needed at the base of the thorax, opposite the attachment of the important respiratory muscle, the diaphragm. The habit of constricting the body at the waist by tight clothing confines this part as if by splints," as the diaphragm, thus fettered, contracts; all lateral expansion being prevented, it presses the intestines upon the movable uterus, and forces this organ down upon the floor of the pelvis, or lays it across it. In addition to the force thus exerted, a number of pounds, say from ten to fifteen, are bound around the contracted waist, and held up by the hips and the abdom-

* Hahnemann Hospital Report, Vol. I. Extract from a lecture at Hahnemann Hospital.

inal walls, which are rendered protuberant by the compression alluded to. The uterus is exposed to this downward pressure for fourteen hours out of every twenty-four; at stated intervals being still further pressed upon by a distended stomach.

In estimating the effects of direct pressure upon the position of the uterus, its extreme mobility must be constantly borne in mind.

No more striking evidence can be cited than the fact, that in examining it by Sims' speculum, if the clothing is not loosened around the waist, the cervix is thrown so far back into the hollow of the sacrum as to make its engagement in the field of the instrument often very difficult, and that attention to this point, in the arrangement of the patient, will at once remove the difficulty. While the uterus is exposed by the speculum, it will be found to ascend with every expiratory effort, and descend with every inspiration.

Now, an organ so evenly adjusted, so delicately balanced, and so decidedly influenced as to position by such slight causes, even indexing the subject's respiration, cannot possibly escape injury from the compression and constriction as applied by modern and fashionable dressmakers. All this I have written to express what Tom Moore forcibly puts in just four lines, when he says:

> "Lesbia wears a robe of gold,
> But so close the nymph hath laced it,
> Not a charm of beauty's mould
> Presumes to stay where nature placed it."

Sometimes, yes, frequently, we find at an autopsy, distinct marks or imprints, of the ribs upon the liver, resulting from the severe constriction applied during life from tight dresses. Any constriction about the waist is assuredly conducive to the development of uterine diseases.

An imperishable monument should be erected to the individual who invented hoopskirts; the contrivance is a decided improvement upon the old method of obtaining circumference; it does away with at least one-half of the weight formerly applied about the hips; and still hoopskirts are productive of evil results by the uncovered and exposed condition in which they leave the lower extremities. Nothing is to prevent the chilling blast from sweeping underneath the skirt, or the damp vapor from the wet earth coming in direct contact with the limbs, except the drawers and one skirt, which are usually made of thin cotton cloth.

It certainly ought not to be surprising that evil often results to a menstruating woman thus constantly exposed. No woman should be

without a flannel skirt underneath her hoops, either in winter or in summer; and during cold weather the legs and abdomen and chest should be encased in some woolen material. This is essential to the preservation of good health.

Fashion is at best a cruel tyrant, and her capricious rule has inflicted many a heavy burden upon the human race; but her last assault upon the health and beauty of American women, the invention of high-heeled boots, is unpardonable. The mischief done to the chest, the spine and pelvis by the constrained attitude which the abnormal elevation of the heels must of necessity induce, is much more than ordinarily supposed. The pliant bones of the half developed girl are easily distorted into almost any shape; and the constant effort required to maintain an even, natural balance of the body will produce a host of pelvic deformities. The elevation of the heels to such an extent must cripple the feet and distort the limbs. Should the wicked custom continue for a few years, there will not be a graceful foot or an æsthetic leg in all our female population, except among the washer-women and the like.

If the body be more than raiment, a doctrine as artistic as Christian, then this subordination of the body to raiment is the essence of vulgarity and wickedness. The finest beauty cannot come to perfection under these false conditions. Venus rides on the lion to-day, as in the Greek fable; that is, beauty depends on strength, on thorough physical development; and the fairest rose of fashion that ever danced at Long Branch, and the prettiest shop girl, or student of art, or actress, or young matron busy at her work, if her waist is constricted, or arm-holes too tight, or her boot heels too high, or the weight of skirts about her hips too great, is gravitating steadily, and drifting surely toward that unfathomable maelstrom of human miseries known as "female weaknesses."

A man swings along to his business in low-heeled, broad-soled boots, in the coarsest and usefullest of rough suits, reasonably indifferent to rain or sun, lungs free, spine unchafed, eyes shaded, body alert, brain clear. A woman minces to her business, or trips along the avenue in narrow-soled, walnut-heeled boots; in the unusefullest of fine suits, compressing her waist, binding her arms, impeding her movements, buffeted by the rain and beaten by the sun, lungs half filled with half ærated blood, spine hot and chafed, eyes unshaded, body languid, brain dull.

Most certainly, there is a great difference between Norah's gown.

"which floats as wild as mountain breezes, leaving every beauty free to sink or swell as nature pleases," and that thing of silk, and stuff, and buckram, and whale-bone, which, in modern parlance, is called a "dress."

But artificial society, with its manners and customs, demands artificial expedients. The little girl cries when mamma insists upon the first corset; but mamma knows best, and is much wiser than nature, and the time soon comes, alas! when the little girl cries no longer. If she lives a few years under this tuition, she will soon find it necessary to take lessons in the recondite mysteries of rejuvenation. She will read with more than curiosity, advertisements which promise to restore the belle of the period every charm which has flown, and every beauty that has faded. When her most constant companion, the mirror, notifies her of altered features, she will fly to the shop where can be purchased an "outline" as graceful as Hebe. Beauty need no longer sigh over suspicious silver in the flowing tresses, over the wrinkles which time has been wont to write on the snowy brow, because money can purchase the dye to give her hair the exact shade of the prevailing fashion; enamel and rouge, and lily-white to bring back the freshness and beauty of youth and health to her cheeks. And the late achievements in the dental art can add plumpers and restore her teeth, while the padding of the artistic dressmaker can give rotundity, in all the proper places, to a form that fashionable education, dress and dissipation have early brought to premature decay.

It is the saying of an old scripture, "that God made not death, nor had pleasure in the destruction of the living. For He created all things that they might have their being. The generations of the world were healthful. There is no poison of destruction in them, but ungodly men and women, by their works and words, brought death on them." The scripture may be quite right, but the truth of it we are just beginning to discover.

Hitherto the effort has been to fight the elements as if they were hostile. Shut the windows to keep out the air, close the blinds and shutters against the noxious beams of the sun. Beware of the excessive use of water, and exercise. Have always on hand a supply of drugs and medicines to hold at bay the demoniac power of nature.

For hundreds of ages mankind has been fighting off the angels of health. The universe was full of regenerating forces. The beneficient atmosphere was piled miles thick all about the planet. Light

was poured out in oceans; water flowed in rivers, fell in torrents, stood in lakes, bubbled in fountains. But, unhappily, ignorance of the worth of these benefits was as extensive as the benefits themselves. A better day, however, is at last dawning; all are awakening from the long sleep; women all around are inquiring, "What shall we do to be saved?" And nature is ever replying: "Come unto me and I will give you rest."

The belief in the pernicious character of the elements is fast dying out among intelligent people; ignorance of nature's beneficence is passing away; and science is bethinking itself of means for utilizing the power it has ever been scorning and combating; all are learning that whatsoever is sown must be reaped.

The pound of cure having proved unavailing, except to bruise and batter the poor patient, the ounce of prevention is being weighed and applied, with a view toward ascertaining whether it is, after all, necessary that all women should be invalids.

The laws of health are plain to anybody with eyes; what *not* to do every idiot may know if they will; what to do every reasonable being may be persuaded whenever she is willing. How to do the proper thing at the proper time, and how to avoid the improper thing, is now the only problem left. There is room here for a world of knowledge, reflection, care, and patient study. Physicians have long been aware that something was radically wrong, and that the undermining cause of female physical imbecility must be ferreted out and arrested, or the havoc would become irreparable. By much care and study we have arrived at the threshold of the subject; by our advanced knowledge we have discovered the principal causes of female diseases, and what is of no less importance, we have become enabled to point out to the inquiring where lies the danger, and how to avoid it.

Perhaps there is no one fact better established than that diseases can, in a great measure, be prevented. That there is no fatality in ill health that is not a divine infliction, but simply the result of our own perverted living, our stupid neglect of the most plain and simple laws of hygiene.

There is no doubt, gentlemen, but that the virtues of hygiene—that is, in other words, of light, air, cleanliness, proper ventilation, purification of person and dwelling, reasonable diet, active out-door exercise—have been demonstrated beyond question, and they will be more and more appreciated by one and all as we advance in

knowledge of the laws of health. Nature is the mother of regeneration, and not the father of destruction. Let her work fairly and freely, by force of her own elements, under the action of her own laws, wisely interpreted and skillfully applied, and human life will become longer, sweeter, more useful, more joyous, more satisfactory, richer and nobler in every way. Could we, gentlemen, but make all the women in this land understand and appreciate these facts, a glorious day would dawn upon the world. In time, perhaps, we may; but to-day the result of feminine study, and application to the fine necessities of the feminine toilet, is a very different one from that which we look for in the future.

XXXV.

Coccyodynia.

By W. S. SEARLE, M. D.

Among the minor disorders, of female humanity especially, perhaps none is more harassing than this. Patients frequently appear who complain, that, while attempting to sit down, rising to stand, making any effort, particularly to defecate, they experience severe pain in the region of the coccyx. Often this is so severe as almost to prohibit exertion. At this moment, I have a case of spinal hyperæsthesia in a young lady who has been nearly bedridden for two years, and whose chief complaint is of pain in the coccygeal region, which precludes motion in walking, and yet keeps her restless in bed. Generally, the most pain is felt in attempting to rise from a low seat, and, to accomplish this, the sufferer must aid herself by the hands placed upon chairs by her side, or be aided by others. This condition of affairs often lasts for years, but is generally fugitive and occasional. It is possible to confound it with only two other complaints—hemorrhoids and fissure of the rectum—and a careful examination will prevent mistake.

This affection was first described by Professors Simpson and Scanzoni, in 1861, and more lately by Thomas, in his work on *Diseases of Females.* Its seat is doubtless in the fibrous tissues surrounding the coccyx, and as this bone serves as a point of attachment for several of the ligaments and muscles which are concerned in the movements above referred to, pain is experienced when motion is attempted.

From the character of the pain, its seat, the course of the disease, etc., we infer that the affection is neuralgic, or rheumatico-neuralgic, in its nature.

Its causes are thus enumerated: parturition, delivery by forceps, falls or blows upon the coccyx, cold, exercise on horseback.

Treatment.—The physiological school advise that the part should be blistered and morphia applied. Should this not effect a cure, Simpson proposes that the attachments of the ligaments and muscles to the coccyx should be subcutaneously severed by the knife; and if this fail, "as it may do," that the bone should be amputated.

Most lame and impotent conclusion for a lame and impotent disease! Methinks there are few but would rather submit their case to the higher "divinity that shapes our ends," than be curtailed by a Simpson or a Thomas.

But does homœopathy afford hope or certainty of better results from milder means?

There is nothing in our clinical records, nor in our works on practice, so far as I can discover, regarding the treatment of this affection. And it is in the hope that cases of cure may be elicited from the profession that I have written this sketch, as well as dug up from our materia medica the means which are likely to afford help in this troublesome complaint.

We will first mention those remedies which manifest the most marked action upon the coccygeal region, and afterward take up those in which the relation is less plainly seen.

Belladonna.—The ischia feel sore, as if there were no flesh on them, yet she feels better when sitting on something hard than on cushions. Intense crampy pain in the small of the back and the os coccygis. He can sit only a short time. Sitting makes him stiff and unable to rise again, from pain; cannot lie down well; wakes often at night, and has to shift his position; unable to lie at all upon the back, and is most relieved by standing or walking slowly.

Causticum.—Dull, drawing pain in the region of the coccyx; darting pain in the coccyx; pain, as from bruises, in the coccyx; every movement of the body gives a pain in the small of the back; pinching, cramping pain in the lumbar region and buttocks.

Carbo animalis.—Pain in the coccyx, which becomes a burning pain when the parts are touched; pressing, bearing-down pain in the coccyx, as if the part were bruised; pain as from subcutaneous ulceration in this region, mostly when sitting or lying down; pressing, drawing or stiffness in the lumbar region, as if the back were broken.

Thuja.—Painful drawing in the sacrum and coccyx and in the thighs when sitting; after having been seated awhile, the drawing hinders standing erect; sudden cramp-like pain in the lumbar region after long standing, and then attempting to walk; it seems as if he would fall.

These four remedies seem to affect this region more powerfully than any others. Of less characteristic remedies we find the following:

Cannabis sat.—Pressure, as if with a sharp point, on the coccyx; pain in the middle of the back, as if it were being pinched, the pain gradually extending toward the abdomen.

Cantharis.—Lancinations and tearings in the coccyx, causing him to start.

Cicuta.—Tearing, jerking in the coccyx.

Cistus canadensis.—A burning, bruised pain in the coccyx.

Drosera.—Itching stitch in the coccyx when sitting.

Graphites.—Dull drawing in the coccyx in the evening; violent itching of the coccygeal region, the part being moist with scurfy formations.

Gummi gutti.—Repeated gnawing in the coccyx.

Kali c.—Violent gnawing in the coccyx both when at rest and in motion.

This remedy has many back symptoms, and may be frequently indicated, but the above is the only symptom recorded including the coccyx.

Kali hydriod.—Pain in the coccyx as from a fall.

Kreasote.—Drawing pains along the coccyx down to the rectum and vagina, where a spasmodic, contractive pain is felt; better when rising from her seat. Subsequent milky leucorrhœa.

Lachesis.—Continual pain in the sacrum and coccyx; drawing pain, or as if sprained, in the small of the back, hindering motion.

Lactuca.—Pain, as if in the spinal marrow, extending through the coccyx.

Magnesia.—Sudden, piercing pain in the coccyx; sudden, violent, concussive, tearing, stitching pain in this region, as if the spine were bent back.

Mercurius.—Tearing pain in the coccyx, relieved by pressing the hand against the abdomen; pain in the sacrum, as if one had been lying on too hard a couch; pricking, itching in the sacrum when walking.

Muriatic ac.—Drawing, burning along the back, beginning at the coccyx, as if under the skin; burning stitch in the sacrum, causing one to start.

Paris quad.—Tearing in the coccyx when sitting; pulsative stitches in the coccyx.

Petroleum.—Pain in coccyx while sitting; great uneasiness and stiffness in the small of the back and coccyx in the evening.

Phosphorus.—Pain in the coccyx as if ulcerated, hindering motion and followed by painful stiffness in the nape of the neck.

Phosphoric ac.—Itching stitch in the coccyx. Fine stitches in the coccyx and sternum.

Platina.—A numb feeling in the coccyx, as from a blow.

Ruta.—Pain extending from the coccyx to the sacrum, as if caused by a bruise.

Valerian.—Bubbling pressure above the arms, and in the region of the coccyx.

Zincum.—Pain in the coccyx ; sometimes a pushing-aching, and sometimes pinching, lancinating in the sacrum, pressure, tension and weakness in the lumbar and sacral region ; cracking in the back when walking.

XXXVI.

Cases of Dystocia.

By S. C. KNICKERBOCKER, M. D.

Case I.

Mrs. W., aged thirty-three, of lymphatic temperament, light hair and skin, blue eyes; general condition that of health; was in her second confinement, and I had been called upon to attend the patient when I learned that she had been in labor for three days, seeming to make little or no progress. The physician who was first called had said, "Nothing can be done, nature must have her course," and had left. On examination, found the head of the fœtus resting upon the os uteri, which was undilated, and felt to the touch as hard and unyielding as a piece of ivory. I explained to the exhausted and anxious patient and the friends present, in a few words, the cause of the delay.

Prepared belladonna[30] in water, and ordered a dessert spoonful to be given every half hour till three doses were taken, and then to omit medicine until I returned, which I promised to do in two hours.

On my return, found the os well dilated, the parts all in a favorable condition, and labor progressing; and within two hours more, a perfect and finely developed child was brought into the world; but still-born, of course.

Case II.

Was called to attend Mrs. C. A. W., aged about twenty-three, primipara, of nervo-sanguine temperament, very fleshy, with a very small osseous development.

On examination found the neck of the womb dilated, the os dilating, and the soft parts generally in good condition, but the pelvic straits so narrow that I apprehended a tedious labor, though not such a lingering one as it ultimately proved to be.

The pains soon became regular, not very severe, and with sufficient time between each to allow the rest, and everything went on favorably for about twelve hours, when the pains began to abate in frequency and force, and finally died away altogether. I was sur-

prised and startled, but after careful examination found there was no real exhaustion nor failing of strength. The pulse was firm and regular. The patient soon sank into a quiet slumber.

My attention had been arrested by the fact that the labor pains had been mostly in the back. I determined to give nux vomica, and prepared the thirtieth dilution in water, and administered two doses, half an hour apart, and awaited its action. The pains returned but slightly. Then prepared nux vom.^{2c}, and gave a dessert spoonful, and in less than two minutes the pains returned with full force and frequency, and so continued for about twelve hours, when they gradually died away again.

Another dose of nux vom.^{2c} renewed the pains, and so they continued to intermit and to be renewed by the above remedy every twelve hours, until Saturday morning, about ninety hours subsequent to the commencement of labor. At this time the contest ended by a lifeless fœtus being forced into the world, resembling in form a housemaid's rolling-pin, more than anything human.

XXXVII.

Case of Ovarian Tumor Cured by Calcarea.

By CHARLES SUMNER, M. D.

In May, 1865, I was called to visit Mrs. K., aged forty, tall, slender, dark hair and eyes, and of dark complexion; married, but had no children. Menses regular, but rather scanty and painful.

The patient had been suffering for two years or more with a dull, aching, uneasy sensation, and some soreness in the right inguinal region, and was considerably emaciated. Had been treated for a year and a half by a physician of another school, and had been confined to the bed more than half the time for the past year.

On examination discovered a hard, smooth tumor, about the size of a quart bowl, quite prominent in the right iliac region, which I decided to be an ovarian tumor.

As there seemed now to be no acute inflammatory action, gave lachesis[6] twice a week, and continued the treatment six months. I then examined the tumor again, and found its size had not increased since the first examination, and that it presented about the same appearance in every way as at first. The patient then went back to the other treatment, and I lost sight of the case for two years, when to my surprise I was called to visit her again.

An eminent surgeon had been consulted, and pronounced the disease an ovarian tumor, and said the only remedy was to remove it by a surgical operation; leaving it for the patient to set the time, and let him know.

I now examined the case again, it being two years and a half since I first met the patient, and found the tumor to be about three times as large as when I first examined it, appearing quite firm and hard. I expressed a desire to make one more trial with medicine, to which she readily assented, as she dreaded an operation with the knife.

The remedy selected was calcarea carb.[6], one grain every evening, which was continued for three months. The tumor now appeared to be about the same size, but softer and more yielding. Calcarea was continued three months longer, once a week, at night. The tumor had now diminished in size, was quite soft and flabby. This gave

courage to persevere, and the same remedy was continued six months longer, once a week, making one year that the patient was under treatment.

There was now no hardness and very little fullness. The patient seemed to be so nearly well, that treatment was discontinued. It is now a year and a half since the last medicine was given. I saw the lady a few days ago; remains perfectly well; menstruates regularly, and is now forty-five years of age; expresses great delight that she has recovered by taking medicine, and the surgeon thereby cheated out of his splendid operation.

XXXVIII.

Case of Leucorrhœa Cured by Sepia.

By CHARLES SUMNER, M. D.

On the fourteenth of October last, I was called to see a delicate little girl, five years of age. The countenance was pale and waxen, the body emaciated, appetite gone, and strength rapidly decreasing. On questioning the mother, I ascertained that the child had been afflicted for the past fifteen months, with an unceasing and most terribly exhausting leucorrhœa. The discharge was sometimes thick, and of a yellowish-green color, sometimes thin, and always very profuse, running through the night dress, the sheet, and down into the mattress on which she lay at night. Soon after the discharge first appeared, the family physician was consulted, who treated the case as of very little importance; but after five or six months had elapsed, finding the symptoms aggravated instead of better, the parents became very anxious, and entreated the doctor to give the case his serious attention, which he did for three months, without the least benefit.

Another physician was then consulted, who treated the case two or three months with no better results. A third physician was consulted, who treated her two months, without the least benefit. The case was now even worse than ever.

The mother said the allopathic physicians had been given a fair trial, and now wanted to know what homœopathy could do. I selected sepia,[2c] and gave a few pellets every third night for four weeks, when the discharge entirely ceased, and there is now not a vestige of the disease remaining. She has a splendid appetite, and is looking much more healthy and vigorous.

XXXIX.

Case of Scirrhus of the Mammary Gland.

By T. DWIGHT STOW, M. D.

In the autumn of 1867, Mrs. B., aged fifty-three, very fleshy, came to me for advice; had been suffering from poor health for some time, having much gastric disturbance, and a very unhealthy appearance of the skin. The precise symptoms I cannot now give. The following is penned wholly from memory:

The principal features of the case were confined to the right mammary gland. It was enormously enlarged, hard, presenting lobulated points or projections; extreme venous vascularity at these points; was subject to paroxysms of lancinating pain, felt hot internally, and at its pectoral attachments.

Patient was very blue toward night; had many sour eructations, etc. I treated her until March, 1868, giving chiefly calcarea carb.^{3c}, which benefited materially, and prepared the patient for the operation. About the 25th of February discovered integumentary ulceration of the breast had taken place at the most prominent nodule, and the body of the gland was protruding, breaking down, and discharging a sanious, bad smelling fluid, if not frequently cleansed. At times, hemorrhage to the amount of a pint, took place, principally from the integumentary veins. As the general health had materially improved, and fearing to wait longer, I advised an operation for its entire extirpation.

On the fifth day of March, 1868, assisted by Dr. Chaffee, of Fairport, N. Y., and Drs. McManus, Pool, and Fowler, of Oswego city, I removed the entire gland, tearing it from its attachments, after making an elliptical integumentary incision. A portion of the pectoralis major was bound to the tumor by a portion of the breast, which had thrust itself between the lower and internal border of that muscle and the chest. These fibres, together with some strong pillars of fascia, and large branches of the internal mammary, axilliary and intercostal vessels, were clipped, and the breast removed. After tying some of the arterial trunks, and awaiting the cessation of bleeding, the lips of the wound were well approximated, and dressed

with lint. The patient rapidly recovered, and is now in robust health. The tumor weighed seven pounds, after two or three days of maceration in water.

Pfeir's chloroform was used, and complete anæsthesis produced in twenty minutes. As the patient was passing from the stage of exhilaration to that of coma, some unpleasant apoplectic symptoms appeared, but they soon vanished. Nothing but remedies strictly homœopathic to the condition, were used; and I may here say, that in none of the operations which I have performed, have I deviated a hair's breadth.

After reaching home, Dr. Chaffee and myself cut into the breast, and found it had all the peculiar characteristics of cancer.

XL.

Case of Chronic Metritis Treated by Pulsatilla.

By T. DWIGHT STOW, M. D.

Mrs. S., aged fifty-one, had been complaining for more than six years; had spinal curvature (lateral); but the most troublesome symptoms were as follows:

Dull pain in the forehead; low spirited; taciturn; soreness in right and left hypochondrium, worse on pressure, and when in motion; burning in rectum; dragging in hypogastric region; very weak; heat in region of the uterus, and in vagina; rumbling, croaching in the abdomen from morning until night; cold hands and feet; flushings with sweat; eructations of sour tasting gas; tongue moist and clean; yellow, thick, copious leucorrhœa, worse in the morning on rising, sometimes streaked with blood; frequent discharge of dark and rather thin blood from the vagina; very little thirst; appetite moderate; dislikes heat; likes motion (passive); cries easily, and is quite timid.

An examination of the uterus and vagina with the speculum, revealed a dark, flat and quite broad polypi, against posterior lip of the uterus and posterior wall of the vagina, bleeding easily on being touched. The vagina secreted a starch-like and yellow leucorrhœa. There was very little pain generally; symptoms generally worse toward night; scarcely any backache; menstruated too late, scantily, and not long enough.

Gave six powders of pulsatilla,^{6m} and since that time the patient has gained rapidly.

XLI.

Case of Chronic Metritis treated by Lilium Tigrinum.

By A. R. WRIGHT, M. D.

Miss C., aged thirty, has been under treatment for menstrual trouble and a "weakness" of the uterus, by physicians of another school of practice. Disgusted with local treatment, decided to make a trial of homœopathy.

December 21, 1870.—Period commenced three days ago; pains in small of the back, right and left ovarian region, down the outside of the thighs; very severe when menstruation is at its height, obliging the patient to keep her bed; flow bright and clotted, intermitting. Between the periods, a sense of weakness and dragging, occasioning a movement as if the uterus fell from right to left; the mouth of the uterus lies to the left and high up. Gave lilium tig.^{3}, nine powders, three of which were to be taken daily.

January 4, 1871.—The medicine produced all the symptoms of approaching menstruation, which, however, subsided as soon as it was discontinued. The period came on in half an hour after having taken the first powder.

January 20.—The period commenced two days too early; flow more natural, unintermitting, free from clots, less pain during entire period, and ceased at the usual time. Patient much gratified on account of results; feeling stronger and more comfortable.

PART II. SECTION IV.

REPORT OF THE BUREAU OF SURGERY.

Wm. Tod Helmuth, M. D., 21 West Thirty-seventh street, New York.

CONTENTS:

XLII. Resection of the Knee-joint. Wm. Tod Helmuth, M. D.

XLIII. Lupus. Wm. Tod Helmuth, M. D.

XLIV. A Very Rare Case of Extrophy of the Bladder; One Kidney and One Ureter. Wm. Tod Helmuth, M. D.

XLV. Cases of Tumors of the Eye. T. F. Allen, M. D.

XLVI. Case of Anthrax of the Face. F. L. Vincent, M. D.

XLVII. Case of Fungoid Tumor of the Hand. H. G. Preston, M. D.

XLVIII. Report of Surgical Cases Treated at the Albany City Dispensary; with Remarks on the Treatment of Ulcers. H. G. Preston, M. D.

XLIX. Case of Cancer of the Rectum. H. M. Paine, M. D.

L. Trephining the Tibia. L. Pratt, M. D.

LI. Dry Cupping the Bowels for the Removal of Strangulated Inguinal Hernia. Ralph Blakelock, M. D.

XLII.

Resection of the Knee-Joint.

By WM. TOD HELMUTH, M. D.

To Mr. Henry Park, of Liverpool, belongs the credit of having originated the operation of resection of the knee-joint. He, however, gives the credit of the first actual performance of the operation to Percival Pott, the date of which was July, 1781. Soon after the publication of the Park pamphlet, Mr. Filkin, of Norwich, declared that he had performed the operation as early as 1762. On the fifth day of November, 1789, Dr. Simmons performed a similar operation. M. Moreau, in 1792, excised the whole of a carion's knee-joint; in 1809, Mülder removed it; in the year 1823, Sir Philip Crampton, and in 1829 and 1830, Mr. Syme resected the articulation. These latter operations were not successful, and the procedure gradually fell into disrepute until it was revived by Mr. Fergusson.

In the following table, altered a little from Butcher, the names of the surgeons, the dates of the operations, and the results are shown, embracing a period of eighty-seven years:

DATE.	Surgeon.	Sex.	Age.	Result.
1762.....	Filken	Male	..	Recovered in three months.
1781.....	Pott	Male	33	Recovered in one year.
1789.....	Park.....	Male	30	Died in four months.
1792.....	Moreau, Sr.....	Male	20	Died in three months.
1802.....	Moreau, Sr.....	Male	18	Died in four months.
1809.....	Moulder	Female ...	34	Died in three and a half months.
1811.. ...	Moreau, Jr.....	.....	..	Recovered.
1816.....	Roux	Male	32	Died.
1823.	Crampton	Female ...	23	Died.
1823.....	Crampton	Female ...	22	Recovered.
1829.....	Syme	Male	8	Recovered.
1829.....	Syme	Female ...	7	Died.
1830.....	Jaeger	Male	28	Recovered.
1832.....	Textor.....	Female ...	26	Died.
1833.....	Fricke	Female ...	8	Recovered.
1832.....	Fricke	.....	..	Died.
1835.... .	Fricke	.....	..	Died.
1835.....	Demme	Male	36	Recovered.
1836.....	Fricke	Male	18	Recovered.
1839.....	Textor.....	Female ...	23	Died.
1840.....	Lang.....	Male	24	Died.
1842.....	Textor.....	Female ...	23	Recovered.
1842.....	Demme	.....	..	Died.
1842.....	Demme	.....	..	
1845.....	Textor.....	Female ...	44	Amputation; recovered.
1845.....	Textor.....	Male	29	Died.
1848.....	Heusser	Male	20	Recovered.
1849.....	Heusser	Male	32	Died.
1849.....	Heusser	Male	6	Recovered.
1849.....	Textor.....	Female ...	29	Died.
1849.....	Heyfelder.....	Male	21	Died.

We find in the *Edinburgh Monthly Journal* and *Medical Times and Gazette* for 1853, the record of thirteen cases performed by the continental surgeons since 1850. Thus: Three times by Mr. Fergusson, six times by Mr. Jones, once by Mr. Page, once by Dr. Stewart, and twice by Dr. Mackensie. Of these cases two died from the operations, one from dysentery, and the remaining ten recovered, with limbs not very serviceable, but all of them in better condition than though amputation had been performed. Butcher gives a second table of fifty-one cases operated on from 1854 to 1856. Of these there were twenty-two cured—fifteen recovering when the table was made, one relieved, and one in a precarious state. The deaths only numbered ten.

Since that period the operation has been performed many times, and with good success, both in this country and in Europe. In America we have the record of an operation performed by Guerdon Buck, at the New York Hospital, in the month of October, 1844. The operation was resorted to in order to straighten a limb, which was bent at right angles.* Dr. Bauer, formerly of Brooklyn, now of St. Louis, records an interesting case in which the operation was performed for genu valgus†, with traumatic diastases of the lower ephiphysis of the left femur.

The disease, which probably directs to resection of the knee, is most generally a strumous inflammation of the joint. This may either commence in the synovial membrane of the knee, or in the spongy structure of the long bones, which become filled with strumous deposit, and very much degenerated, enlarged and softened. The inflammatory action is generally of the sub-acute character; there is increase of temperature of the parts involved; the cancellated structure of the bone becomes filled with a reddish grumous deposit; the patients waste in flesh, have feverish exacerbations at night, and become sallow and cachectic in appearance. If this process is not arrested in due time, then the pain increases, and there takes place within the bone cells a lardaceous or oily deposit, and, the disease increasing, a chemical change is effected in the constituents of the bone. The calcareous matter lessens, or, even in severe cases, may be entirely deficient, and the compact structure is reduced to a mere shell. The periosteum also becomes very much thickened, and is less adherent to the bone than normal. Suppuration then

* *Velpeau Operative Surgery*, vol. 1, p. 810.
† *Bauer's Orthopædic Surgery*, p. 193.

may follow, and the debris is cast out with an ill-conditioned and a sanious pus. This disease, no doubt, has been often mistaken for caries of the ends of the bone; but there is a considerable difference between them, the one belonging more especially to the simple ulcerative process, the disintegration, molecule by molecule; the other, being accompanied by, or essentially consisting in, an absolute degeneration of the spongy structure, and a deposit and infiltration of strumous matter in the cancellated structure of the bone itself. In such an affection, after suppuration has occurred, the joint should be excised.

Other affections which may lead to resection are, white swelling, degeneration of the cartilages, caries of the extremities of the bones, deformity of the legs, injuries of the joint, etc.

There is a question of some import in relation to the removal of the patella in this operation. If the bone is diseased, remove it; if it is not, refresh its under surface, that it may adhere to the parts below. I am quite certain that the rule adopted by some surgeons, that the patella, whether implicated or otherwise, should be removed, is not a good one. The excision requires considerable dissection; it leaves a cavity which has to fill by granulation; it increases the suppuration, and prevents the application of an anterior splint, if such be necessary. In resection of the knee-joint, I have divided the ham-string tendons before the operation was performed, with the idea of preventing muscular contractions from separating the extremities of the bones, but I found that the spasmodic action still would occur and occasion great pain. I should hereafter rely on the internal administration of ignatia or cuprum, which will have a much more beneficial action. Again, surgeons have recommended that after the extremities of the bones have been sawn off, that an opening be made in the popliteal space, in order to allow drainage. I should think that this would be an excellent suggestion in some cases, but would much prefer to wait until the fact of very extensive suppuration was established, because, with calendula, carbolic acid, and glycerin, or carbolated glycerin, I believe we have very great control over the suppurative process, especially with the internal use of silicea and hepar. The latter I always use in the third decimal trituration, and the former in the two-hundredth potency. I have positive evidence, in my own mind, of the reliability of these two agents, but, with the exception of mercurius, cannot speak, that is, from my own individual experience, of the efficacy of other medicines.

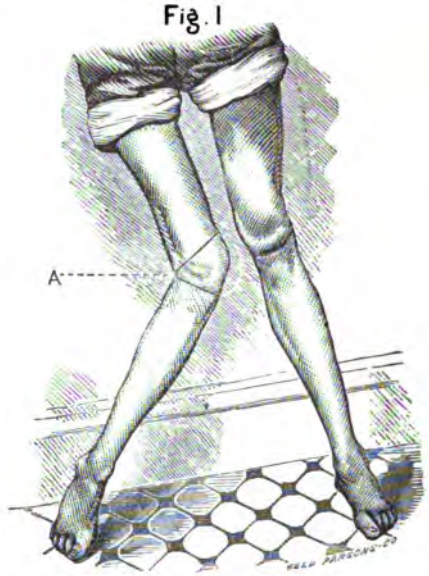
The best incisions, as a general rule, are those which will most freely expose the joint, and allow the removal of the bones with greater facility. The sweep of the knife may be semi-circular, commencing at a point opposite the inner condyle, and extending below the tubercle of the tibia to a point opposite the external condyle.

Mr. Park preferred the crucial cut, as did also Mülder. Moreau operated by two lateral incisions in front of the ham, which are united by a horizontal cut below the patella. The H incision for many cases is the most desirable. The incisions should be about four inches in length on each side, beginning at the condyles, and extending downward; they should be crossed by a second cut, which will open the joint; the flaps are then turned aside, and the condyles rapidly freed with careful strokes of the knife, the leg is then forcibly flexed, and the crucial ligaments divided; retractors of metal, should then be slid behind the head of the tibia, which must be removed first. The condyles of the femur are treated in like manner. Butcher's saw can be used with advantage in the operation, as it cuts from behind, forward, and by the screw the blade can be made to assume any angle that may be necessary.

The after treatment is very essential, and requires great care in its management. I have no hesitation in recommending the swinging splint of Dr. Hodgen; the modification of that, by Dr. E. A. Clark or Smith's anterior splint. Sometimes, however, a fracture box filled with bran, to absorb the discharge, is very useful in many particulars. To illustrate the operation, the accidents which may be expected, the beneficial effects of treatment and good recovery with a straight limb, shortened but one-eighth of an inch, I give here a case of my own.

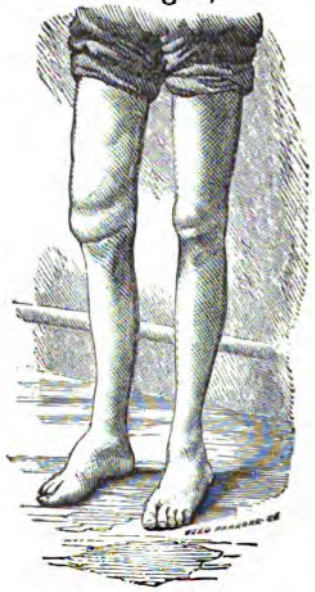
F. B., aged thirty, came from Minnesota, with a deformity of the leg, which was daily growing worse, was giving him considerable pain, and rendering him incompetent for any business. He had suffered when about fourteen years of age, with a softening and disintegration of the cartilages of the knee, which had finally left him, but in the condition as shown by the plate. (Fig. 1.) I first endeavored to relieve the deformity by the application of an iron splint, with screws, having previously divided the ham-string tendons. This produced no effect whatever, and he begged that an operation might be performed. The accompanying plate, taken from a photograph, illustrates the amount of deformity and the peculiarity of the ankle-joint, the patient being able to set the foot flat upon the ground. (Fig. 2.)

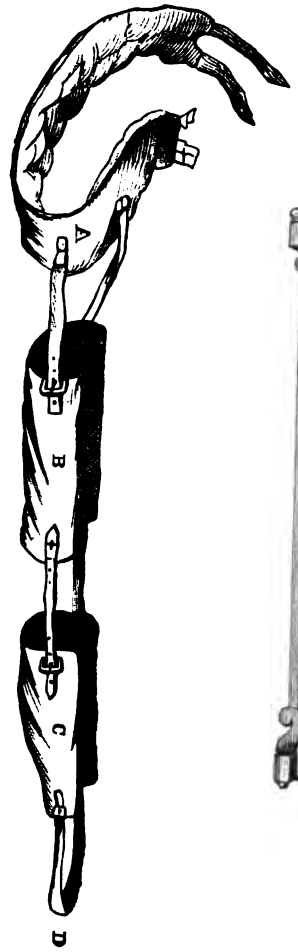
Fig. 1



A. The lines represent the portions of the bone removed.

Fig. 2,





A. Belt for body.
B. Thigh splint.
C. Leg splint
D. Strap under sole of foot.

Accordingly, on the sixteenth of October, 1869, in the presence of several medical gentlemen, the patient was brought fully under the influence of chloroform and the H incisions made; the two lateral being four inches and a half in length, the transverse uniting the two below the patella and exposing the joint. A triangular portion of bone was then sawn away from the head of the tibia and the condyles of the femur, the patella removed, and the limb brought into a straight position. A gutta-percha splint, moulded to fit the leg, and one to fit the thigh, secured together by straps, was then applied. The apparatus was intended to keep the cut surfaces of the bone in close opposition. The accompanying illustration will represent the apparatus in full.

The anterior splint was then bound firmly upon the limb, which was placed in a straight fracture box, with hinged sides; this was filled with fresh, clean bran, and the patient left for a few hours.

Two P. M.—Quite profuse hemorrhage, and the patient apparently suffering intense agony, with some prostration; the sufferings were so very great that two-thirds of a grain of morphine were given with brandy and water, without benefit.

Half-past four P. M.—More quiet, but still suffering intensely from the pressure made by the anterior splint; there was also great swelling of the limb and much oozing. The bandages were cut, the side of the splint let down, Richardson's styptic colloid applied over the wound. Removed the anterior splint, which immediately gave great relief.

Eleven P. M.—Retention of urine with great desire to urinate; introduced a No. 7 catheter and drew off about a pint and a half of dark-colored ammoniacal urine; pulse ninety-eight; ordered calendula, one part to four of water, applied to the wound.

October 17, eleven A. M.—Patient better every way; pulse one hundred; tongue slightly furred; oozing of blood almost ceased; continued treatment. Six P. M.——Pulse one hundred; tongue dry; great weakness; let down sides of splint, removed all the bran which had been saturated with blood, cut away the soiled bandages, applied fresh bran, and packed it closely; prescribed aconite[3], ten drops, to water, four ounces; dose, a tablespoonful every two hours.

October 18.—The condition of the patient tolerably comfortable; the parts swollen; pulse ninety-seven; tongue about the same as yesterday; the calendula lotion to be applied every three hours;

aconite continued, and Liebig's extract of meat given every three hours, with brandy and water every six hours.

October 19.—Pulse one hundred and ten; tongue moist; answers questions promptly, but complains of difficulty of breathing; has soreness about the diaphragm; is very much depressed in spirits; much prostrated; respiration hurried; no sleep, and *no* discharge from the wound.

These were alarming symptoms, and indicated the commencement of pyæmia. The aconite was discontinued, and arsenicum, third trituration, one powder every hour, for six hours, and then every two hours, was ordered. The fracture box was loosened, and the extract of meat continued with the stimulus. Nine P. M.—Pulse one hundred and twenty; no sleep; less pain; no discharge from wound; continue the treatment.

October 20.—Symptoms better; pulse one hundred; patient much more cheerful; smiles, and talks of the operation; passes water naturally; slight discharge of a thin pus from the wound; fluctuation over the cavity from whence the patella had been removed. Eight P. M.—More fluctuation; opened the abscess with a valvular incision; a quantity of pus was discharged, which was more healthy in character than that from the wound; has sighing respiration, and is somewhat dispirited; great desire for a cup of coffee; allowed the coffee, which relieved the patient very much; pulse one hundred and ten; medicine and diet as before.

October 21.—Pulse one hundred and thirty; tongue rather dry; no appetite and no sleep; the nurses report delirium several times during the night; on carefully examining the wound, discovered an erysipelatous blush, extending along the inner surface of thigh, which is hot and shining.

This symptom caused me much disquietude and apprehension. I ordered belladonna[6], ten drops in six tablespoonsful of water, one tablespoonful to be given every two hours. Removed all the heated and saturated bran, and carefully applied fresh. Ceased giving stimulus, and sparing in the allowance of beef tea. Seven P. M., patient somewhat better; no increase in the redness; pulse one hundred and ten; appears much more comfortable. Prescribed belladonna, as before, every three hours.

October 22.—Detected considerable fetor when I entered the ward; examined the parts and found the odor to proceed from pus that had trickled along the posterior surface of the thigh, and accu-

mulated in the gutta-percha splint; the erysipelas almost disappeared; pus much more healthy. Cut away the upper portion of the gutta-percha splint, which was very foul; continued the belladonna; applied fresh, clean bran; ordered beef tea every four hours, two tablespoonsful; left the patient feeling much encouraged.

October 23.—Was called from my bed very early by the nurse. The patient had been comfortable during the night, but was suddenly seized with a fit of delirium, and, sitting up in bed, had torn open all the dressings, loosened and let down the sides of the splint, and had endeavored to get out of the bed upon the floor, swearing vengeance against me. Prescribed hyoscyamus^{3}, six drops in four ounces of water, a tablespoonful to be taken every three hours.

[I think I never have felt more disappointed and provoked and discouraged than when I heard this statement, and saw the sad condition of things. No blame could be attached to the nurses; they had watched carefully all night; the patient was very comfortable, and they had left but a single moment to call those who were to relieve them, when the unfortunate circumstance occurred.]

I readjusted the bones, which were entirely broken apart, and reapplied the dressings as before. Half past six P. M., wound looking much better than I could have expected; profuse discharge of fair looking pus; pulse eighty-eight; tongue not much furred, and, as the bowels had not moved for a week, ordered an injection of soap and water, which produced the desired result. Prescribed the same medicine.

October 24.—Pulse ninety-eight; the anterior cut looks only moderately well; great suppuration; applied carbolic acid, ten grains, in one ounce of glycerin, to the wound; removed a great deal of the saturated bran; there had been occasional fits of aberration of mind, and therefore the patient was very narrowly watched. Continued hyoscyamus.

October 25.—The effect of the carbolic acid was surprising; the granulations looked more healthy, and there was a profuse discharge of pus; removed all the ligatures, and several of the sutures, and applied adhesive straps; pulse ninety-eight; some appetite; no more delirium. Prescribed calcarea phosph.^{3}, three grains, four times daily.

October 26.—Pulse one hundred and two; tongue dry; wound disposed to gape; the profuse discharge had loosened several of the straps; slight fetor from the left side wound; the straps did not

bring together with sufficient nicety the edges of the transverse cut; introduced quilled suture (four points over stout bougies); removed most of the bran and replaced fresh, thoroughly washing the anterior face of the leg and thigh, and applying the carbolic acid and glycerin; the suppuration was immense, large quantities of pus being poured out from all parts of the wound, especially from the cavity, from whence the patella had been removed. Prescribed calcarea phosph.

October 27.—Pulse ninety-eight; tongue rather red and irritable looking; sutures working very much to my satisfaction; patient very faint after the prolonged dressing of the wound; ordered an ounce of brandy beaten with a fresh egg, and beef tea four times during the day, and continued the phosphate of lime.

October 28.—Pulse eighty-nine; tongue somewhat furred; was much improved to-day, in many ways; bowels moved naturally through the night; appetite returning; bones appear to be firmly uniting; in removing the saturated bran, I discovered some maggots in the pus, which caused me great surprise, as there had been no flies about the ward, and I had been so very particular regarding cleanliness, attending to the dressing myself, and using more than usual care in their applications; removed all the bran, dressings and bandages, having the limb carefully supported by assistants, washed it thoroughly, and then bathed it in a weak solution of carbolic acid; I then sprinkled a quantity of bran with the ordinary preparation of the same acid, and applied it around the limb, packing the fracture box thoroughly. Same medicine continued.

October 29.—Pulse ninety-four; no more maggots; tongue dry; there had been a sudden change in the weather during the night and the temperature of the ward had been much reduced. The patient complained of rheumatic pains in the joints when moving. Suppuration less; wound looking healthy; prescribed bryonia[6] ten drops, a tablespoonful every two hours.

October 30.—Patient better; pulse eighty-eight; tongue moist; appetite improving; asked for more food than his usual allowance; was very weak after the prolonged washing and dressing of the wound; prescribed china[3], five drops every two hours, in a tablespoonful of water.

October 31.—Pulse ninety; tongue moist, appetite good, strength improving, suppuration less; continue china every four hours.

November 1.—Everything looking well; pulse eighty; tongue

moist, bowels moved naturally, suppuration less. Prescribed silicea[30], a powder night and morning. The carbolic acid and glycerin still applied to the wound.

November 5.—Wound looks well and is healing rapidly, but patient suffers excessively from spasmodic and severe twitching of the external ham-strings; this is prolonged and severe, and keeps the patient awake. Prescribed cuprum[30], a powder every four hours.

November 6.—Jactitation of tendons no better; otherwise, doing well. Prescribed ignatia[8] every two hours.

November 7.—The spasmodic action has been much relieved; symptoms all good.

November 14.—Applied a compress along the inner side of wound and ceased all medication.

November 27.—Increased the size of the compress, to bring the leg nearer to a right line.

December 1.—Removed the fracture box, placed the limb in the apparatus above described.

December 10.—Directed the patient to rest on the sound leg, supported by two attendants, and place the outer leg upon the floor; there was one-eighth of an inch shortening.

From this time the patient steadily improved, and to show the final result of the case, I append extracts of two letters to his nurse at the hospital; in one announcing the activity and strength of the limb, the other, a sad accident:

"*October* 21, 1870.

"Dear friend Caspar.—I received your letter, and it gave me pleasure to hear of your good health. So far as I am concerned, I am able to walk and to run like a 'trooper.' I have walked all over the country here, miles at a time. * * * If you see Dr. Helmuth, tell him I am under great obligations to him, because I can run again like a 'fast trotter.' Yours, etc.,

"FERDINAND BUKLEY."

"Dear friend Caspar.—The same day I mailed my letter to you, I broke my leg again. The merry days are gone, and I must stay in bed again. Yesterday evening I took a walk as usual, and returned home while it was growing dark; I crossed a rough piece of ground, and fell into a hole, several feet deep. When I got up, I noticed my leg was movable, like a joint, and could not bear the weight of my body. * * * Yours, etc. F. B."

XLIII.

Lupus.

By WM. TOD HELMUTH, M. D.

Dermatologists have made several classifications of lupus, some of which are mentioned in this paper, but the most simple division for all practical purposes is into *lupus exedens*, in which the ulceration involves both the integument and the sub-adjacent structures, and the non exedens, where there are extensive changes in the structure of the skin, without much consecutive ulceration; the former, no doubt, is a variety of the cancroid; the latter is known by the older authorities as the serpiginous ulcer; it has also received the name rodent ulcer; while the former variety is called noli-me-tan-gere, or the corroding ulcer of Clark.

The lupus exedens first appears in the form of a tubercle (by some dermatologists it is classified with the tuberculous diseases) on the ala of the nose; it is hard and dusky red, quite sore, the soreness sometimes extending into the nostril. After a time ulceration commences, and a scab forms. It then begins to spread with alarming rapidity, and assumes that especial type of the disease known as *vorax*.

There are several important diagnostic marks, which it is necessary to observe, and in which this disease differs from cancer.

A peculiar mark of the affection is, that it may continue for years making the most horrible inroads upon the structures which it attacks, and yet the constitution suffers but slightly, thereby differing greatly from cancer, in the which there generally is that terrible nervous irritation which often breaks down the system.

If we examine the parts closely, they are covered by a dark brown or blackish scab, and the surrounding integument adjoining the ulceration is apparently healthy. Here are two other diagnostic marks. In cancer, the surrounding parts are infiltrated and red, and are filled with cancer cells. There is *no great* redness around the chasm, and scarcely any odor from the ulceration, which is cleanly cut. All these appearances are very different in cancer, and in syphilitic affections, or in Greek elephantiasis, for which the disorder may sometimes be mistaken. The chief characteristics are:

1st. The lack of constitutional irritation.

2d. The dark brown or blackish crust.

3d. The healthiness of the integument up to the very margin of the sore.

4th. The absence of swelling, infiltration and redness.

5th. Absence of fetor.

6th. The location of the disease.

The lupus non-exedens may appear on the face and chest, and spreads in a serpiginous manner, or extends to one portion of the integument while that portion first attacked is healing.

According to Professor Volkmann, of Halle, a distinguished teacher, lupus may be associated with a scrofulous taint of the system; in other words, with enlargement of the glands, and he has "had to deplore the loss of patients by tuberculosis," although it cannot be said to be a malignant scrofulosis, as classed by Bazin.

Virchow points out the relation of white swelling of the joints (tumor albus articulorum) with certain forms of lupus, although, as yet, perhaps sufficient demonstration of the fact has not been collected. Lupus is separate and distinct from syphilis, and can never be classed in the same category with it.

There is a variety of this disease, known as hypertrophic lupus, in which the parts may be covered with bluish, knobby and warty swellings. These may ulcerate, and are frequently covered with the black crust, which is so often a mark of the disease.

It is a disputed point, whether such a form of lupus may not become cancroid or develop into cancer, and some authorities have supposed that they could trace distinctly the transformation of lupus to carcinoma, and have thereby endeavored to establish the epithelial nature of the affection. This can, at present, scarcely be allowed; and the fact that lupus, even after existing for a quarter of a century, may cure itself spontaneously, is an argument against its cancerous admixture.

Lupus, therefore, may be considered in all its relations as an inflammatory process, which emanates from the connective tissue, and is found to consist in a large amount of granulating cells, which, from pressure and infiltration of the parts, destroys the elements of the cutis.

There are other varieties mentioned by authors, all partaking more or less of the same characteristics. Thus, we find what Cazenave calls the *lupus erythematodes*, which, like other forms of the disease,

appears upon the face, of small, scarlet and slightly swollen spots, which may or may not become confluent. These points are covered by scales which are thin, dark-colored and very closely adherent to the parts beneath them, and consist mostly of secretion from the sebaceous glands, which, from constant irritation, pour out a much increased discharge, which becomes commingled with the epidermis scales. If these layers, so formed be removed or scooped out, the skin beneath is red, and its papillæ appear elevated, resembling watery excrescences.

The accompanying illustration represents a man who was under my treatment for a length of time in the Good Samaritan hospital. The patient was sixty-two years of age, and the disease had existed for over a dozen years. The entire right half of his face had been devoured by the lupus. Bone, muscles, artery, vein and nerve disappeared under the action of the disease. The superior maxillary and turbinated bones, the lower rim of the orbit and floor of the same, the septum and ala of the nose were eaten through, leaving a distinct view of the superior maxillary and palate bones of the left side. Yet even under this terrible deformity, at times the patient was comparatively comfortable. He rode with me a considerable distance, to have his photograph taken, appeared before the classes at the hospital, and gave a detailed account of his disease, its duration and its ravages.

The medicines that have been recommended for lupus are not many, and those that have been used, have not so far as I can learn, been productive of very much good effect. It may be that lupus exedens especially, is not a constitutional disease, or that the constitution only becomes implicated after the long duration of the local order. If this be so, then as we treat the chancroid, so we should deal with lupus; indeed, from the success which has attended upon this method of treatment in the hands of Volkmann, such a supposition may be correct. At all events, it is certainly worth a trial.

In the case to which I have just alluded, I gave with apparent benefit for the time, a weak solution of the chloride of zinc. The patient stated that he thought the medicine benefited him, and really for a time the ravages, if they did not cease, were not nearly so rapid or oppressive.

I then tried acetic acid, pure, five drops in a teaspoonful of water, to be taken three times each day, and dressed the cavity with a solution of carbolic acid and glycerin.

In another case which came under my observation, I tried lycopo-

Lupus Exedens.

dium, the thirtieth trituration, and from the report of Dr. West, under whose care the patient came, I learned that beneficial action was produced for the time.

The local treatment of lupus is of as much import as internal medication, because like the chancroid in many instances it does not effect the constitution, and this treatment must be not only to destroy the nodules which in reality belong to the disease, but to restore those tissues which may have been but slightly infiltrated, and great watchfulness and patience must be maintained by both surgeon and patient, to procure a successful result. Relapses which are frequent, must be guarded against, and the disease again immediately attacked when it begins to remanifest itself. The caustics which are in most common use, are caustic, potash and nitrate of silver, and chloride of zinc. Before, however, these can be applied with any benefit, the crusts must be soaked off from the sores by olive or cod liver oil, and then the caustic (if it be potash or nitrate of silver, the solid stick may be used, if the chloride of zinc, equal parts of that and flour), should be thoroughly applied, a very important consideration in the application of the zinc or potash, is not to allow them to act too long, or the healthy tissues which lie beneath the disease, may be eaten away also.

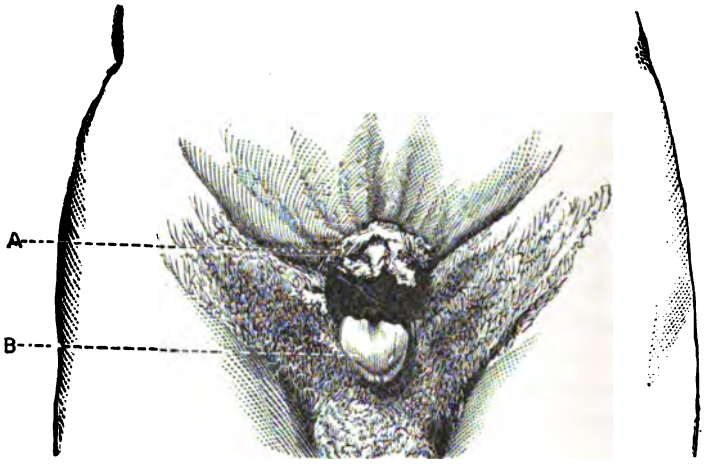
The lupus tissue gives way beneath the action of the caustic, and exudes, and must be wiped away, and when this matter ceases, then for the present the application of the caustic must cease.

Manet's paste, which, containing arsenic, is dreadfully severe, is not much in vogue at present, that of Hebra taking its place. Prescription. Arsenicum alb., one part; cinnabar, three parts; unguentum picis liquidæ, twenty-five parts.

This may be used for three or four days, after the true lupus has been mostly removed, or in the type known as the non-exedens; the tissues, which, though not ulcerated, are infiltrated, and of a bluish red color, must be carefully washed with a solution of nitrate of silver.

The treatment above recommended has been found useful in certain cases of lupus; but Prof. Volkmann has introduced another method, which, according to his testimony, is superior to all the others. The operations are very painful, and ether should be used, then the soft lupus degenerations should be scraped away with a sharp-edged knife, and the infiltrated, and hard and bluish, though now ulcerated nodules, must be attacked with the "multiple pointed

scarification." This is performed with a very pointed, small-bladed knife; hundreds or thousands of points are made closely together, about two lines deep, or deeper, in the diseased part of the skin, which frequently looks, after the picking, discolored; or like chopped meat, or perfectly white; but he never saw gangrene from it. The pricked places are then covered by lint, which is closely pressed in, to stop the bleeding, and left then to its spontaneous falling off. These pickings are repeated at intervals, of from two to four weeks, five, or even eight times. At first the knife enters easily the luxuriant tissues, interwoven by cellular granulations; after a while it finds more and more resistance; the skin becomes tougher, and loses its abnormal swelling and redness. Prof. Volkmann states that no lupus has resisted this method, and the cure, in most cases, was very rapidly accomplished, and that *many cases have been cured in less than eight weeks, after resisting for years all other treatment.*



Extrophy of the Bladder.

One Ureter and one Kidney.

A. Extrophied Bladder.

B. Rudimentary Penis, with groove on the Superior Surface. (Imperfect urethra)

XLIV.

A very rare case of Extrophy of the Bladder—One Kidney and one Ureter.

By WM. TOD HELMUTH, M. D. Autopsy by J. S. REED, M. D.

The next rare case to which I desire to direct attention is extrophy of the bladder.

A complete defect or absence of the urinary bladder is very rarely met with, and if such were the case, the ureters would be found opening somewhere on the surface of the body, perhaps around the umbilicus, or into the rectum or vulva.

Cases have been known of what is termed double-bladder, in which a septum, more or less perfect, has been found stretching between the walls of the viscus and dividing it into two cavities.

The variety of malformation which is most frequently seen, and which is also of rare occurrence, is what is termed by authors, extrophia, or inversion of the bladder. Now, it appears to me that the term "inversion of the bladder," does not convey to the mind a proper idea of that arrest of development which we are considering. When we say inversion of any hollow body, we do not necessarily understand that its *structure is deficient*, but merely that it has been turned inside out; whereas, in the cases that I have seen, and a description of those I have read, there has been always a *deficiency in the anterior* wall of the organ.

In the majority of cases, the arrest of development appears to be first in the abdominal walls, then in the symphisis pubis, and finally in the structures immediately beneath.

In the female it is accompanied by an absence of the clitoris, and in the male by a fissure of the urethra or linear epispadias. In the hypogastric region, we find protruding the posterior wall of the bladder, fiery red, with here and there a slight mucous coat of a bluish color. The circumference of the organ is lost in the surrounding integument, which has the appearance of a cicatrix and is bluish. The orifices of the ureters are found in the lower half of the organ.

In this case (see accompanying illustration), the rudimentary penis is pushed close to the lower portion of the bladder, and the ureters

open by an orifice close to the pubic bones. The caput gallinaginis with the openings (in the shape of slits) of the vesiculæ seminales were visible. The semen passed from time to time through these orifices, and I found it on the mucous surface of the open uretha.

The pubic bones were separated about three inches and a half, and the posterior exposed wall of the viscus was two and a half in diameter; the length of the penis was an inch and a half, and had large fold of prepuce hanging downward. It is well, also, to notice the arrangement of the hair, and the superabundant skin, which appears as though it had been pushed aside by the protruding bladder. The testicles were very well formed and the man was apparently healthy. The ureters were large, and I could pass a gum bougie upward several inches toward the kidney.

The malformation is said to occur much more frequently in males than in females, and the late Mr. Earle, of London, states that after a most careful examination he has found sixty-eight cases upon record, of which sixty were males. Others have given the ratio as four to one. This is the third case which I have seen, one being exhibited to the class of the Jefferson College, while I was a student, and which is represented in *Gross on the Urinary Organs*, and in his able work on Surgery.

Dr. Gross also mentions that he had seen another case in a child from Missouri.

In the *Medical Record* there is the description of a case which is singular, in the fact, that the writer states that the urine passed outward from slits in the surface. There must be some mistake in this. The case I present has important differences from any heretofore recorded:

First. In the *single opening* of the ureters.

Second. In the split nature of the urethra, the surface being flattened and mucous.

Third. In the wide and slit-like openings of the seminal ducts; and

Fourth. In the manner in which the penis may be separated from the protruded wall of the bladder.

Dr. Gross states the disease is utterly irremediable, and there can be no doubt whatever that, all things considered, there is but a poor prospect for ultimate recovery. There has been a successful operation reported by Mr. Simon, of London, who caused the ureters to open into the rectum, which was performed by introducing threads

from the ureters and carrying them to the rectum and there allowing them to remain until the passage was completed. The patient, however, most narrowly escaped with his life. Mr. Lloyd's case, in which the communication was effected by a suture, died on the third day.

The operation of autoplasty, or of taking integument from the surrounding structures, has been performed twice in this country, once by Dr. Pancoast in the Jefferson College in 1858, and once by Dr. Ayres, of Brooklyn, New York. The latter was more successful than the former.

In this case I had had many ideas, and abandoned one after another.

First. I had determined to take a single flap from the abdominal wall having twisted it upon itself, to lay it upon the protruding wall of the bladder, and having refreshed the edges or sides of the integument, sew the flap down, leaving space for the opening of the ureter. Upon considering the apparent thinness of the abdominal walls and the arrest of development in all the structures of the mesian line, I was fearful that a sufficient supply of nutrition could not be kept up, and therefore this method was abandoned.

At the suggestion of Prof. Reed, I next considered the practicability of pushing directly backward the protruding wall of the bladder, and having left that portion of it below, through which the ureters opened, to scarify the edges and cause adhesion in this manner. Upon a close examination of the parts I abandoned this project.

The plan of procedure which was adopted and a fine description of the autopsy are given here by Dr. J. S. Reed.

Operation and autopsy in a case of Inversion of the Bladder by James S. Reed, M. D., St. Louis, Mo.

Operation.—Performed by Professor William Tod Helmuth, M. D., surgeon of St. Louis College of Physicians and Surgeons, and Surgeon to Good Samaritan Hospital:

Professor H. had determined to take a single flap from the abdominal wall, and, having twisted it upon itself, to lay it upon the protruding wall of the bladder, and having refreshed the edges of the integument, sew the flap down, leaving space for the entrance of the catheter. The apparent thinness of the walls deterred him from carrying this out. At the suggestion of the writer of this, the following plan was considered: To push back the protruding vesical wall, scarify the edges on either side, approximate them by deeply-

placed hair-lip sutures, and thus secure adhesion. This was also abandoned; and on August 20th, twelve M., the following operation was performed, in the presence of Doctors Franklin, Nibelung, Tirrell, Morrill, Goodman, Gundelach, Campbell, Garrett, and Read, and quite a number of students:

Taking a piece of wet parchment, it was applied accurately to the protruding viscus; it was then divided in halves, one being laid in each groin; the flaps were then traced with ink, an allowance being made for shrinkage; the flaps being dissected up, and the nodular edges of the vesical tumor being refreshed, they were laid down over it, and held by silver pins and wire sutures; a semi-lunar flap was then dissected up, on that portion of the abdomen immediately above the vesical wall; it was then turned down, being held by wire sutures. The catheter was inserted, the wound dressed with a solution of carbolic acid and glycerin. During the operation the external epigastric arteries were both cut. The operation lasted one hour and fifteen minutes.

The patient recovered at six P. M.; had considerable nausea and tickling, for which ignatia was administered. Compresses, saturated with calendula, were placed in the cavities in the groins. He was kept in a sitting posture, in order that the urine would pass more readily.

August 21.—Restless night, on account of posture; the urine trickles alongside the catheter; about one pint has been passed. Can retain nothing on the stomach; bilious vomiting every twenty minutes, attributed to chloroform; for this condition ipecac^3, once every two hours, was given. Removed some large clots in groin; hemorrhage from left groin quite profuse, which was checked with Monsel's styptic. The retching has put the flaps on the stretch, and forced the canula out; parts washed with calendula solution.

August 22.—Called out early in the morning; catheter had come out, urine trickling through the wound; Dr. Goodman replaced it. At two P. M. much improved; adhesion seemed to be taking place, and raw surface to be granulating. Had to allow him to get into bed; very stiff, from long sitting. Some cough, with immense amount of expectoration, easily ejected.

August 23.—Catheter clogged with blood forced out; urine passing on both sides of flap; took out one pin; wound had not healed underneath sufficiently. Wound beginning to gape; two new sutures were put in; complains of erections at night; presses catheter into

the surface of the wound; there appears to be no healing process going on below; tendency to slough in the flaps; at superior part, healthy granulation is taking place.

August 24.—Catheter out again at night; wound looks badly below, healthy above. Most severe cough, raising large quantities of thick pus. Stannum[3]. Great deal of swelling around the opening of ureter, but finally succeeded in introducing a No. 4 flexible catheter about five inches, fixing it to penis by narrow, adhesive strips; thus carrying off the urine.

August 25.—Pulse one hundred and ten; slept better last night; has had some diarrhœa; great rumbling in bowels, very thin passages. Phos. acid[3], after each operation, a tablespoonful of a watery solution of it. Opened catheter by means of a wire; half a pint of urine was discharged, which must have been contained in the ureter and pelvis of the kidney.

From this date for several days he gradually improved. His diarrhœa lessened and his pulse came up, but he still withal appeared to be losing flesh.

September 1.—Complained of great weakness; diarrhœa of a cadaverous odor came on; pulse one hundred and twenty; great pain along the track of the ureter, and some bloody discharge; no appetite and great discouragement; cough worse in the evening; the wound has united at the uppermost extremity, and the raw surfaces are gradually filling up, but the parts below are all open, and the ureter so sensitive that he cannot bear the introduction of the catheter. Carbo. veg. 30—one powder every four hours.

From this period he gradually sank—his cough and diarrhœa increasing steadily, with great prostration, indicating no doubt a tuberculous condition of the entire system.

Autopsy.—The autopsy was made about fifteen hours after death. The expression of countenance did not indicate that great suffering had been endured, but I should not have recognized the face, so greatly had he emaciated. The skin was sallow, the veins showing distinctly; the odor from the suppurating surface was scarcely perceptible, owing to the judicious use of carbolic acid. The flaps taken from the inguinal regions right and left, had united at the tips, in the median line of the body, immediately over the mucous surface of the vesical portion of the abdominal wall; union had also taken place between the flaps and the surface external to the mucous surface. No union had taken place between the flaps and the mucous

surface; the orifice of the ureter was filled with calcareous matter, about the consistency of thin mortar, some particles being so large as to prevent the entrance of the bougie.

The incisions being made, one in the median line, running from an inch above the opening of the ureter to the sternum, meeting the lateral incision, the flaps were carefully turned outward.

Above, the abdominal walls were of the usual thickness, gradually getting thinner toward the inguinal region, where they were quite thin. The round ligament of the liver attached to the upper and innner surface of the vesical portion of the wall, was now cut. Lying in the left hypochondriac region, and extending down into the left lumbar region, in immediate contact with the abdominal walls, was the kidney—filling the left lumbar region so completely as to leave no space for the descending colon, and small intestines. The peritoneum was greatly thickened, not only in the renal region, but throughout the whole extent. The renal capsule was quite small, about one-half the normal size, and of very loose texture.

Tearing the kidney away from its attachments it was measured. In the great circumference it measured *nineteen and three-fourth inches*, around the lower part, *twelve and three-fourths* inches; near upper end, *nine and three-fourths inches.* The ureter was twelve inches long, slightly sacculated; toward the lower end, just as it was about to enter the vesical substance, it was greatly reduced in size; the walls of the ureter varied in thickness from one line to three lines, the thickest portion being above; this thickening extended to the pelvis of the kidney, which appeared as if it had been enlarged, the appearance being wholly due to the increase in the thickness of its walls.

The pelvis of the kidney and the ureter were both filled up with a calcareous matter, about the consistency of thin mortar. The mucous membrane being finely dotted with minute calcareous particles that were with difficulty rubbed off.

The kidney of the right side was entirely absent, not a vestige was there, nothing even rudimentary.

The ascending colon was in its proper position, but did not extend high enough; the descending colon commenced on the right side of the spine, crossed it, dipping down underneath the small intestines to join with the rectum; the ascending and descending portions were united by the transverse colon, about three inches in length, these three parts forming a small arch toward the right side of the body.

The mesenteric glands were enlarged; many of the small glands presented a grayish appearance. The vas deferens was the usual size, the spermatic cord was normal in every respect. When, however, the vas deferens reached the internal abdominal ring, it turned abruptly, forming a very acute angle, then proceeded in a straight line for the seminal vesicle, which was rudimentary. The vesical portion of the abdominal wall was three-fourths of an inch thick, composed principally of fibrous tissue. The interval between the bones at the pubic symphysis, was filled in with a dense fibro-cartilaginous growth, interspersed with cellular spaces or cavities, lined with fine vascular membrane.

The cremaster muscle was more fully developed than I have ever seen it; its fibres being continuous with those of the internal oblique, forming a thin, flat muscular covering for the cord, before it began to break into loops, which were also fully developed, and very distinct.

XLV.

Cases of Tumors of the Eye.

By T. F. ALLEN, M. D.

Case I.

Epithelioma of the Cornea.

On the 26th of June, 1870, Mr. A. F., a sculptor, aged sixty-one years, consulted me about his eye, and gave this history of his case: "I first noticed, in June, 1865, a slight inflammation of the right margin of the left cornea, which grew worse and became painful. A female physician failed to relieve, and I went to the eye infirmary. One of the doctors thought it a trivial affair, and applied something with a brush that burned terribly, and prescribed an ointment. As it continued to grow worse, other oculists were consulted from time to time; some called it inflammation of the cornea, some said granular lids. In 1867, the eye became so bad that it commenced to throb, and became very much inflamed and painful; the cornea appeared wrinkled and tattered, and the lid began to droop. In the winter of 1867 and 1868, a lump as large as a pea formed under the upper lid, which was removed by an occulist, but very soon a new one formed on the cornea; this was also removed. At this time the cornea was completely surrounded by a whitish thickened ring (Fig. 2), which had commenced in the form of a white crescent, at the upper margin. (Fig. 1.) Vision was very much impaired; a lamp-light seemed like a web of fire-works, six feet in diameter, with sparks shooting from it in all directions; the eye was very painful, as if pain ran through every nerve of the eye." The eye continued to grow steadily worse till the time I saw him, when I found the following condition:

Right eye, normal; left eye, the upper lid droops half over the eye, without power to raise it. The cornea has a small spot in the center that is partially clear; that is, it is not thick and rough at this point, but only nebulous; the rest of the cornea is thick, rough, warty-like, and looks as if it were a mass of hypertrophied tissue. This thickened mass surrounds the whole cornea, and is quite vascular; the pupil cannot be distinctly seen; vision only suffices to count

Fig. 1.

Epithelioma Cornea

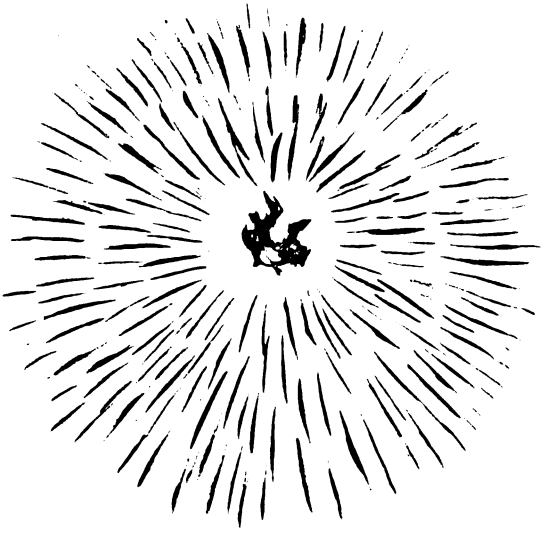
Incipient stage.

A Gas Light.

Fig. 2

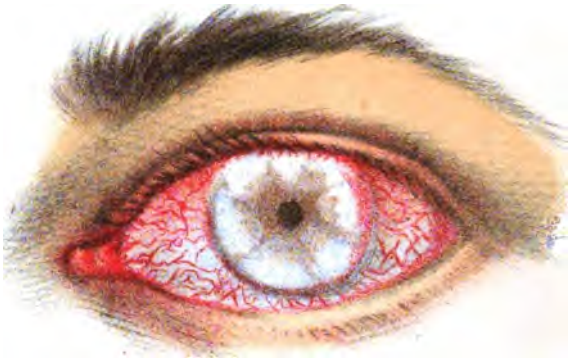
Epithelioma Cornea

Second stage



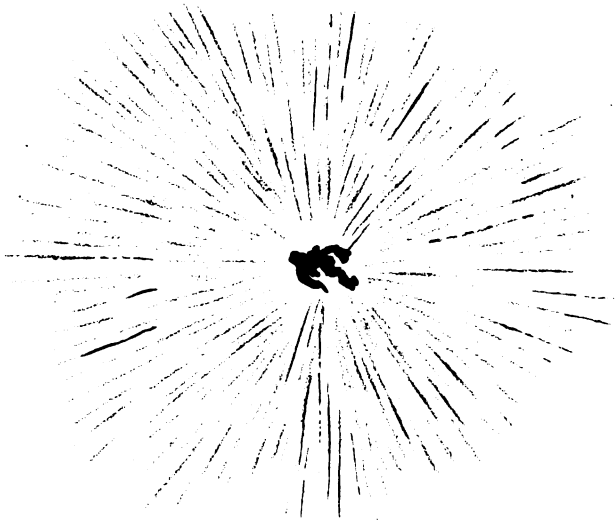
Apearance of a Gas Flame

Fig. 3.



Epithelioma Cornea.

Last stage.



Apearance of a Gas Flame.

Fig. 4.

Epithelioma Cornea.

Retroceding stage.

fingers at ten inches; the eye feel swollen and stiff, and the patient suffers from frequent, very sharp pains through different parts of the eye, with aching pains in the evening. There is no discharge from the eye whatever, and the lid margins are not irritated. He complains that gas-light seems like a mass of fire-works, and the ordinary daylight is quite painful, so that the patient wears deeply-tinted glasses over both eyes. (This was ordered to be left off from the sound eye.) He formerly used to suffer from carbuncles on the back of the neck, and had had several styes on the left eye; said that his general health had been very much impaired on account of the worry this eye had caused him, and from having been obliged to leave his business; complexion was earthy and sallow, and he felt weak; had a poor appetite, but no marked symptoms could be obtained. I prescribed zinc^{2c}.

From that time, for nearly five months, I treated him with varying conditions; sometimes he seemed somewhat improved, but on the whole he grew worse, till the center of the cornea became thickened like the rest; vision, then, was only enough to distinguish light; the cornea became more vascular, and looked very spongy over its whole surface as though it would slough. (Fig. 3.) Hepar sul. was given, followed by silicea, and during the four weeks that followed, a most wonderful change took place; the thickened mass seemed to loosen up little by little, and scale off from the cornea, beneath which was found perfectly clear and healthy corneal tissue, with apparently a new epithelial layer. This gradual process of cure continued for nearly six weeks, till on the twenty-first of July, 1870, there only remained a small warty-like tumor on the upper and outer margin of the cornea; the remainder of the cornea was almost perfectly clear and free from nebulæ. (See fig. 4.) Vision at that time was $\frac{1}{7}\frac{0}{0}$. After this time improvement was very slow all through the fall and winter, and at the present time there still remains a small, thickened portion of epithelium in the old spot where it was once cut off.

Since the patient has regained his vision and been enabled to dispense with a colored glass, he gas grown weaker and more cadaverous in appearance, and at one time he began to have spells of fainting fits, as he says, which would attack him in the street, and make him feel most strangely, as if something were rising from the stomach to the head, with a feeling as though he should die, followed by bewilderment of mind. After a few doses of calcarea carb.,^{3c} he has improved, and is feeling much stronger, and has had no "faint"

turns for several weeks, but the little thickened mass still persists, with a small thread of a vessel running into it, though I fancy that even that grows smaller, slowly; vision has steadily improved, and the lid is quite normal.

I should add that the diagnosis of this most remarkable case, has been confirmed by my colleagues, and also by one of the most celebrated of the old school to whom I showed the case, who was very much surprised at the unique course the disease had taken.

Case II.

Sub-retinal Tumor.

On the fifteenth of March, 1870, Mary McC., a child nine years of age, was brought to me with the meagre history, that, about a year previous, a slight drooping of the lid of the right eye was noticed, which had slightly increased. (Fig. 6.) No notice was taken of it until three months since, when it was accidentally discovered that the child could not see from that eye. She had suffered from enlarged glands and abscesses in the neck, the scars of which remained, but at the time I saw her seemed in excellent general health. I find in the right eye a partial ptosis and a divergent squint of about half a line (very slight). The movement of the eye seems perfect in all directions; there is no external congestion, nor inflammation; the pupil is sensitive to changes of light before the left eye, but sluggish to light and shade before its own eye; vision is for fingers only at eight inches.

Ophthalmoscopic examination revealed a remarkable tumor under or in the retina, which covered the macula lutea; vessels could be traced over the tumor, and small hemorrhagic spots were found around it; the size of the tumor equaled two diameters of the optic disk, and its elevation nine millimeters. The determination of the height of the tumor (viz., its projection into the vitreous body) was effected according to the table given by Prof. Knapp, in his work on intro-ocular tumors, page 71 (German edition). The elevation of the tumor was confirmed by Prof. Knapp himself, to whom I showed the case. The illustration (Fig. 5) is taken from a drawing from nature, by an artist who is very skillful and practiced in such work (Mr. Gaertner).

The question at once arose as to the nature of the tumor. The general condition of the patient presented a picture of health; she had suffered no pain whatever in the eye, and only discovered the

Fig. 5

Enlarged [Fifteen Diameters]

Fig. 6.

Congenital hypertrophy of Epithetium of Conjunctiva and Cornea.

loss of vision accidentally, while at play. The tumor had not grown rapidly since loss of vision had been noticed, three months previous, and some drooping of the lid a year before.

Prof. Knapp, also, advised waiting; and so feeling sure that if we found that the tumor grew rapidly, the eye could be removed at a future time if necessary, I gave the girl a dose of sulphur^{3c} (which was all the medicine she took), and waited. For purposes of examination and for obtaining the needed sketches for the drawing, the pupil was widely dilated with atropine. We hoped to be able to follow up the case, but the father (an untutored savage) took some whim that he would not let the doctors "fuss any more over his girl," he "guessed that the eye would take care of itself," and refused to allow his child to visit us any longer and was very gruff and uncivil when any one visited the house to see how the patient fared, and would allow no more examinations; so the case has remained to the present time (fall of 1871). Our apothecary has just examined the case and finds that *the right eye has steadily improved, and that now the patient sees across the street with it and can read large type.* There is hope that after a time we may be able to get another look at the tumor.

Enough is already known to make it certain that the tumor was not malignant, and that it has slowly been absorbed. The case is, so far as I know, uniqne; it is certainly a very remarkable one.

Case III.

Congenital Dermoid Tumor of the Cornea and Sclera.

A girl of eleven years, was brought to my clinic, with a tumor on the outer margin of the left cornea, which involved equally the sclera and cornea. It had existed from birth, and had not increased in size, relatively, to the other structures of the eye. I found it about four lines in diameter, and about one line in height, of a yellowish color, and of the general aspect of ordinary dermoid structure. Some hairs grew from its surface, which, however, did not irritate the eye since they projected out through the palpebral fissure. It had an elastic feeling, and was firmly fixed by its nearly round base to the cornea and sclera. The patient presented the very interesting peculiarity of a deficient development of the whole left side of the body. The eyes differed in color and size of the palpebral fissure; the mouth was grotesquely one-sided, and the left arm and leg were greatly disproportioned to the right limbs; the gait was awkward and shuffling, and the mental

capacity very inferior indeed. The patient was but little over half-witted. (See fig. 6.)

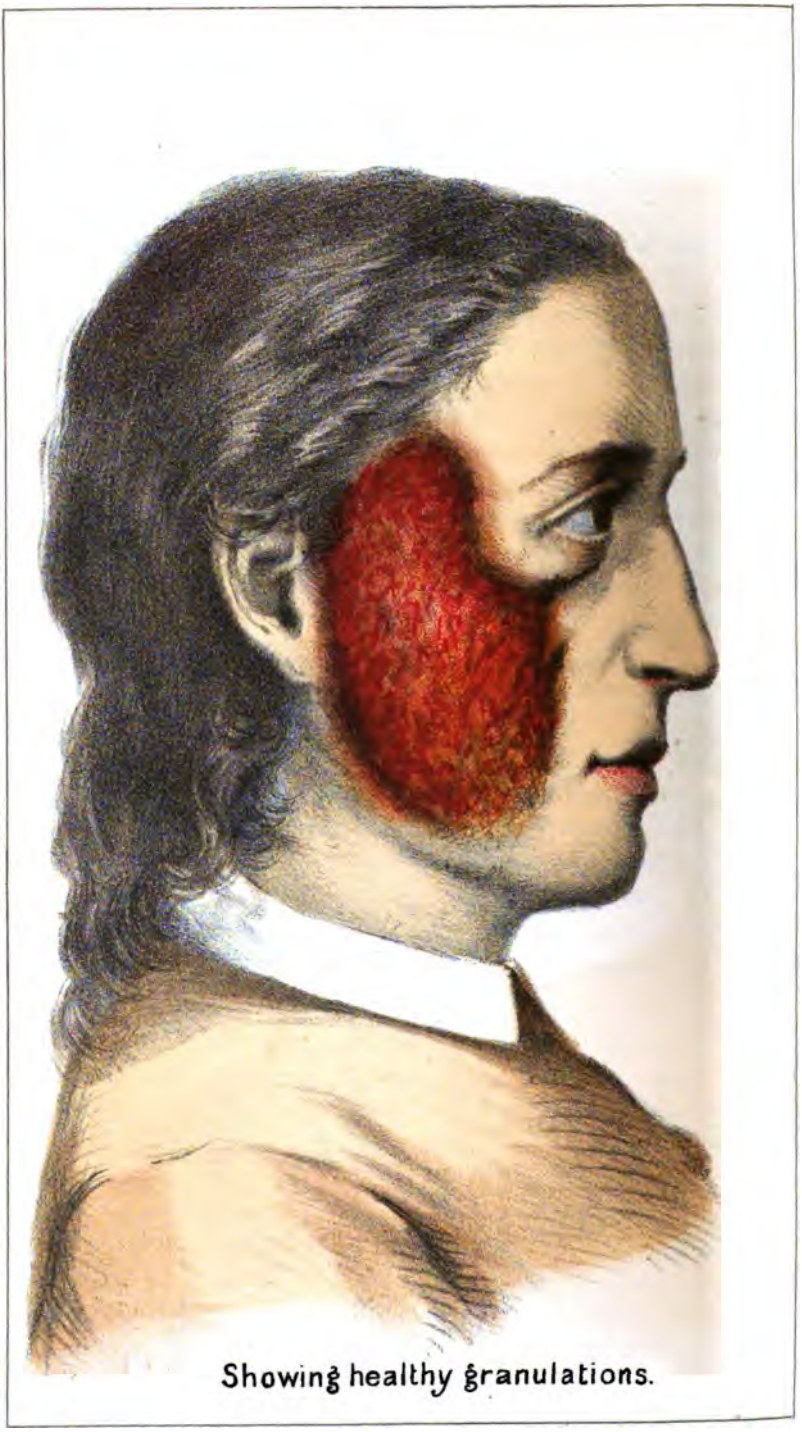
A few cases of these tumors are recorded especially, by the late Von Græfe, in the *Archiv. für Ophthalmology;* nearly all presented the same character of tumor as to size and location.

For the sake of comparison, I give the description of the first case recorded by Von Græfe, in vol. 1, of the *Archiv.*

"A boy of twelve years consulted me for squint and a tumor that had existed from birth. It was seated on the external margin of the cornea of the right eye, so that the smaller portion occupied the cornea, and the larger portion the sclera. It was firmly fixed by a round base; was three lines in diameter, and about one line in height. The conjunctiva could be traced over the tumor, but it thinned off as it neared the cornea. In color it was grayish yellow, and had several hairs growing from it. Judging that it did not involve the whole thickness of the sclera or cornea, it was grasped with forceps and carefully dissected off. About one-fourth of the thickness of the cornea was removed with the tumor. The cornea was found transparent beneath the tumor, and it healed readily, with scar tissue."

These tumors are found to consist of delicate fibrous tissue, interlacing true dermoid structure. Elastic fibers are found, especially toward the base, also a few hair follicles, and a few fat cells scattered about these follicles; but no glandular structure has been found.

When the parents found that the tumor would not destroy the eye, no persuasion could induce them to consent to its removal; but the case possesses sufficient interest to be put on record.



Showing healthy granulations.

Anthrax of the Face.

XLVI.

Case of Anthrax of the Face.

By F. L. VINCENT, M. D.

Mrs. T., of Geneva, N. Y., occupation that of a milliner, aged forty-eight, dark hair and eyes, with marked cachexia; debilitated by close confinement and unusual care and anxiety, left her home, and, *en route* for New York, visited in our city.

Soon after her arrival, the patient experienced a burning, sore pain in the center of the left cheek, which was supposed to be an incipient boil; which she pinched and finally pricked with a needle. This treatment aggravating it, at the suggestion of friends, climax salve was applied, which, though it mitigated the pain somewhat, did not prevent the increase of swelling; and on the third day of its development I was summoned.

Its carbuncular character was clearly indicated; the line of demarcation was about two inches in diameter, and from its many openings there exuded the peculiar, dirty pus. Guided by my experience in previous cases, I made deep, crucial incisions from the line of demarcation on one side to the corresponding line on the other, and applied, as a stimulant to the sloughing process, the yeast poultice, giving internally arsenicum alb.^{3}, one powder every two hours.

On the fourth day the slough exhibited gratifying evidences of rapid dissolution, although the tumidity of the cheek had increased and infiltrated the cellular tissue about the eye, closing it, and giving to the entire surface an erysipelatous appearance. I continued the poultice, and gave rhus tox.^{3} in conjunction with the arsenicum.

On the fifth day the slough had so much detached itself that with forceps and scissors the greater portion was removed.

The sixth day I removed the poultice and substituted hot calendula fomentations, as suggested by Dr. Helmuth, which treatment was attended with favorable symptoms; the tumidity was lessened, and a few distinct points of granulation were visible, and for two days more all the symptoms, constitutional and local, indicated a rapid recovery, when from some cause, to me unknown (unless by inoculation with my scalpel), a secondary inflammation ensued, with a "*new departure*" extending from the slough line to the limits represented in plate I. These local symptoms were

attended by great prostration, diarrhœa, and night sweats, changing the prospective convalescence to that of imminent danger and alarm.

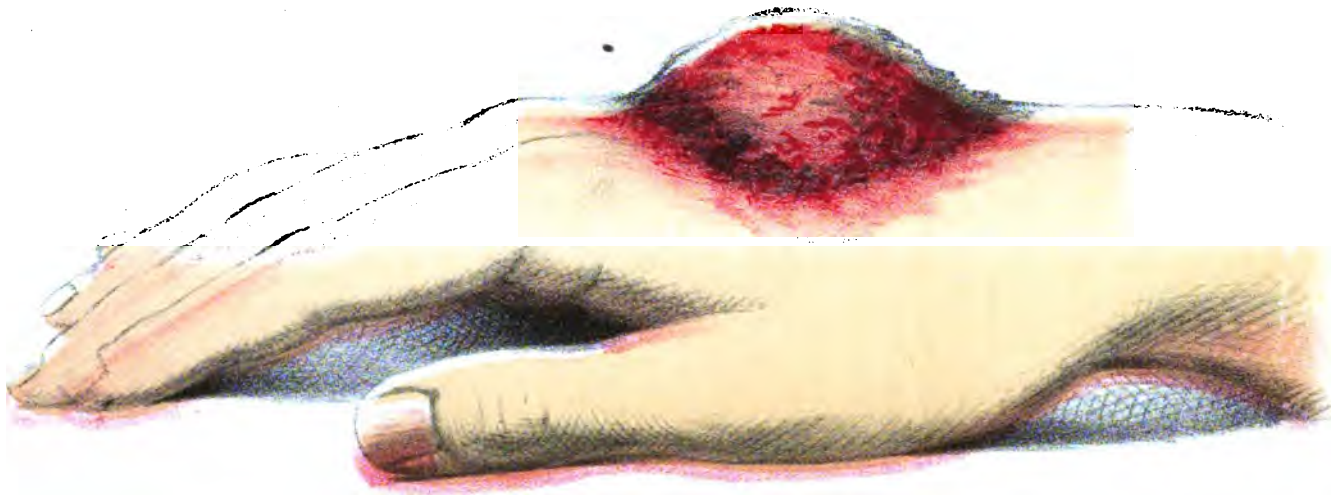
I administered the arsenicum in the first decimal trituration, giving the remedy at intervals of one hour, and although contrary to cravings, gave copious draughts of milk punch and beef juice, resuming the yeast poultices, hoping to sustain the system while the process of suppuration and sloughing progressed. This treatment was continued up to the thirteenth day, at which time the boggy mass was so firmly adherent, and the discharges so offensive, that at the suggestion of Dr. Campbell I applied a paste of pix liquida and beer, he having had some previous knowledge of its valuable stimulant and antiseptic properties. In a few hours it had purified the discharge and greatly increased its amount, so that each succeeding day large masses of slough were readily removed. The local application was aided by the internal administration of silicea[3], one powder every three hours. By the twentieth day the slough had been entirely detached, and presented the granulated surface represented by plate II.

The tar was discontinued, and dressings of lint, saturated with calendula lotion, substituted. The granulating process became rapid; the granules coalescing, formed planes of healthy tissue, which, gradually closing in its borders, has secured to my patient almost as fully a developed cheek as the sound one, while the *cicatrix* promises to be, in comparison with the extent of tissue involved, almost nothing.

This case presents a few interesting features; first in the locality. I can find no record of a similar case. Again in the vascularity of the tissue involved and the possible inoculation by means of the incisions, and finally, the decided results attending the application of tar and beer, which would certainly tend to revolutionize my treatment of succeeding cases.

Our journals and text-books are rich with cases treated successfully, all, possibly, based upon the experience of one individual case, and with the confidence of Grauvogl, with his arnica, utter the one common assertion, "these are my specifics."

I must acknowledge my faltering faith in the knife and my conviction that I possibly, inoculated, with the passage of my scalpel through the diseased mass, the healthy tissue beyond. My final success I attribute to the constitutional deliverance afforded by arsenicum alb., rhus, and silicea, aided by nourishment bountifully supplied, and the producing of rapid sloughing; indolence in which threatened the patient with septæmia and death.



Fungoid tumor.

XLVII.

Case of Fungoid Tumor of the Hand.

By H. G. PRESTON, M. D.

Catharine Dwyer, aged thirty-two, servant girl, living in Johnstown, Montgomery county, came to the Albany City Dispensary July 15, 1871, and stated that she had been suffering intense pain in the right hand for the last six months, and had been using liniments for rheumatism, without relief. The patient could not move the fingers nor use the hand in any way.

At a prior visit to the dispensary, in my absence, one of the visiting physicians had bound on nitrate of silver crystals, which had destroyed the integuments. This application had mitigated the pain somewhat. On examination, the hand presented the appearance shown in the annexed diagram. The tumor was very red, enlarged and tender to the touch; the fingers could be moved easily without pain or affecting the tumor, which, through the aperture in the skin, presented a dirty, greyish-white appearance, and seemed to contain fluid, either serum or pus. As the patient could not bear a very thorough examination, an operation was postponed to the following day.

July 17.—Ether was administered, and I proceeded to make a thorough examination. The tumor was situated on the dorsum of the right hand, conical in shape, having a very broad base, firmly attached, and felt somewhat elastic. I introduced an exploring needle, and on discovering that it did not contain fluid, but was solid throughout, resolved to remove it. Two incisions were made, the longer one extending from the metacarpo-phalangeal articulation of middle finger to the wrist, the shorter crossing the above at right angles, over the apex or tumor. The flaps were then dissected back and the base found to grow from the sheath of the extensor communis digitorum, was dissected as clean as possible with the scapel, and the remaining irregularities trimmed down with the scissors. The hemorrhage was very profuse; and to be sure of removing any pieces of the mass that might have been concealed by it, I cauterized the whole cavity, especially the bottom, with nitrate of silver, which

also arrested the hemorrhage. The wound was left open, and flax-seed poultices applied. The tumor was about two inches in diameter, and about one and a half inches in depth. In structure it was soft and elastic, and under the microscope, presented fibro-plastic cells and granular matter.

July 20.—The hand not so painful, and the wound discharging. Same treatment was continued.

July 27.—Wound swollen and discharging freely. There was still pain, however, and the patient was very much discouraged. The physician to whom she had formerly applied, wished to amputate the hand, and her brother wished her to go to the hospital. I did not see anything more of the patient, until September 6, and supposed she had yielded to the wishes of her friends. I was surprised to find, however, that the wound had completely healed, and that the patient was free from pain, the hand being of its natural size, with all its motions perfect. The patient stated, that, on account of sickness in the family, she had not been able to get to town. The application of the poultice had been continued till a day or two before this, the last visit at the Dispensary.

XLVIII.

Report of Surgical Cases Treated at the Albany City Dispensary, with Remarks on the Treatment of Ulcers.

By H. G. PRESTON, M. D.

Since the establishment of a daily surgical clinic, sometime in last November, to July 1, 1871, one hundred and seventy-eight persons have been treated. The diseases, as in all dispensary practice, consisting mostly of minor surgery, as wounds, sprains and contusions, abscesses, paronychiæ and ulcers. There were, however, a few exceptions, as follows: four cases of dislocation reduced; four cases of fracture set, two of which were treated in Arhl's porous splints, one of the ulna and radius at middle third, the other at the wrist, known as Collis' fracture.

Two cases of hydrocele were cured, one by the old method of injecting iodine, the other by external application of the same, decolorized with ammonia, and silicea internally. Two tumors were removed; one a cystic tumor of the scalp, the other a fungus growth on the back of the hand. (See page 349.) There was also one operation for ranula, consisting in cutting out part of the anterior wall of the sac, and filling the cavity with cotton saturated with iodine.

Anæsthetics have been administered four times, which was as often as was necessary, as we were obliged to send severer operations to the hospital, where, however, we hope soon to have accommodations for treating them.

Besides the above, there have been one or more of the following: Congenital phymosis, morbus coxarius, hernia reducible, indirect inguinal, umbilical irreducible hernia, caries, necrosis, stricture of nasal duct, tongue tied, varicose veins, ganglion, burns, inflammation of the different tissues of the eye and ear, gonorrhœa, and syphilis.

There were forty-five wounds dressed, comprising all the recognized varieties, as incised, lacerated, contused, gun-shot, punctured and poisoned wounds. Some of these were extensive, and required a number of sutures. There were two or three very severe, lacerated wounds, one of which I will relate:

Michael S., aged ten years, came to the dispensary, November 10, for treatment. The mother stated that two or three days before his hand was caught in the hook of a pulley, and that nothing of any account had been done for it. The hook had entered the integument on the palmar surface, just behind the wrist, and had peeled the skin and palmar fascia off to the ends of the fingers, which were raw, being covered by only a strip of skin on the back. The wound was suppurating profusely, of a very offensive smell. The hand was placed on back splint, and each finger dressed separately, the whole hand kept moist with carbolic acid, one to twenty parts of water. The dressings were changed every day, and the lotion applied constantly, until the twenty-seventh, when suppuration had almost ceased, and carbolic acid salve was used instead of the lotion. The granulation had to be touched with nitrate of silver in two places, as they were too exuberant. On the sixth of December the hand was completely healed, and the patient had perfect control of the fingers. The hand was not disfigured at all.

The treatment pursued in all abscesses was to open as soon as pus could be discovered, and, in paronychiæ, to lay them open to the bone immediately, and out of the nine cases there was not one unfavorable result.

There were about seventy-two ulcers treated, of almost every variety, shape and condition. Internal remedies were given, in symptomatic ulcers, for the peculiar disease they represented, but in idiopathic ulcers local treatment was principally relied on, and with success in every case, as far as we have been able to ascertain.

Ulcers of any variety, whether of idiopathic or symtomatic origin, may be divided, as regards their anatomico-vital peculiarities, into (1), those characterized by an excess of formative action, and, (2), those characterized by suppuration and disintegration of tissue, the proliferating and atonic ulcers of Billroth. Under the first variety are classed the irritable and fungus ulcer, both of which are cured in a few weeks; the irritable by warm baths and cataplasms wet with hamamelis; the fungus by astringents, as hydrastin, geraniin, etc., with compression, or terminate in the second, of which we have, consequently, a much larger number to treat, especially in dispensary practice.

The second variety may again be divided into, first, the callous ulcer, the one most frequently met, and most obstinate to treat. It is generally of long standing, with thick, indurated edges, sur-

rounded by a sub-acute inflammation of the integuments, which are liable to disintegration from the slightest abrasion. The chief indications for treatment are to soften the edges and increase the vascularity of the parts. This may generally be done by warm baths, cataplasms; but sometimes it is necessary to incise the borders, in order to allow the ulcer to contract, and to stimulate the bottom with nitrate of silver. In case patients are obliged to be on their feet a greater part of the time, it is better to strap the limb from the toes to the knee with adhesive plaster, which may remain for three days, to commence with, and the intervals lengthened. At each dressing the ulcer may be sprinkled with the sesquicarbonate of potassa, to which I shall allude again. Second, the suppurating ulcer, characterized by disintegration of tissue, which, if very rapid, is called phagedenic. This is the most dangerous, and is generally symptomatic, especially of syphilis, and requires treatment by internal remedies, according to indications. The only external wash that should be used, where they are chronic and burning, is a weak solution of sesquicarbonate of potassa. Third, the fistulous ulcer, which results from a deep abscess, breaking externally, and the tract not healing. The quickest way to cure it is to lay it open and heal it from the bottom. It may also be cured by sesquicarbonate of potassa injections. This has been the treatment adopted at the dispensary, and, as far as I can ascertain, with unfailing success. As regards the internal treatment, there can be no general rule or medicine, prescribed.

As repeated mention of the sesquicarbonate of potassa has been made in this paper, and as it is a substance not in general use, a few words may not be out of place concerning it. It is made, either by evaporating a strong lye made from hickory or oak wood ashes, to dryness, or by evaporating a solution of the bicarbonate. When pure, it forms as a white powder. It should be kept well corked, as it readily attracts moisture. The powder may be sprinkled on dry, or it may be used in solution. It is mildly escharotic, but causes less pain than most caustics, and has as good, if not better, effect.

XLIX.

Case of Cancer of the Rectum.

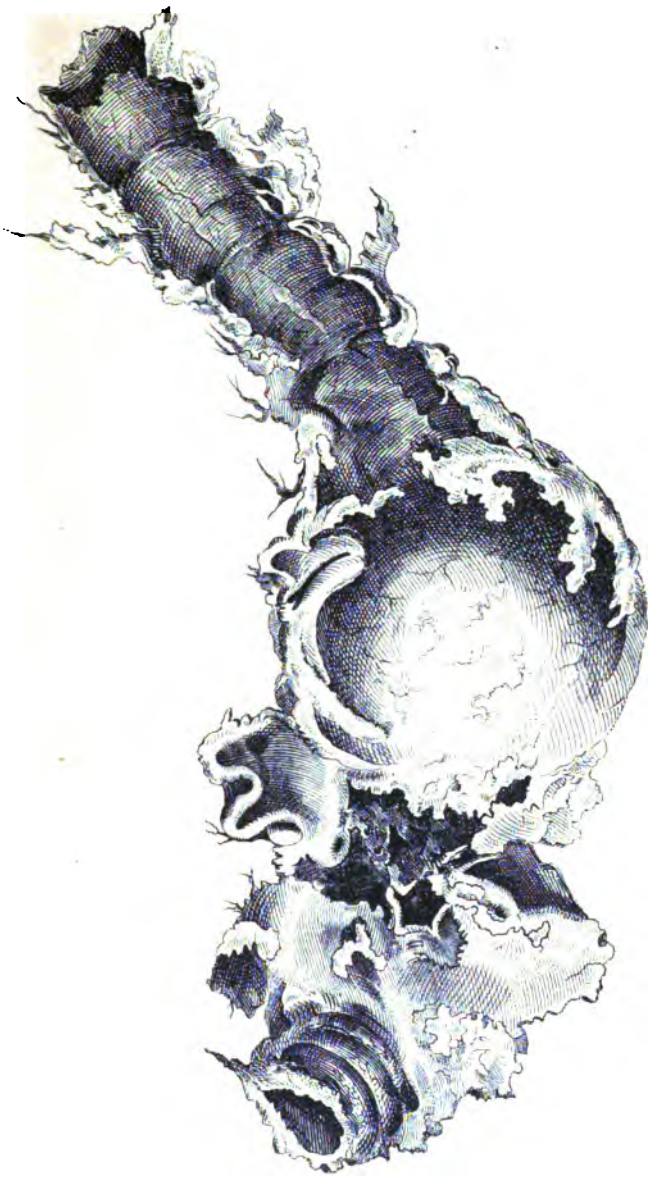
By H. M. PAINE, M. D., and H. G. PRESTON, M. D.

The following report of an ordinary case of cancer of the rectum is not presented on account of any new or unusual symptoms; the principal points of interest are, the minute record of its history and the accurate delineation of the *post-mortem* appearance of the part, as illustrated by the accompanying engraving.

Mr. ———, farmer, aged seventy-one years, has been ill for two or three years. His present symptoms commenced with what he supposed to be an attack of piles, from which he had not before suffered for more than thirty years. Since the beginning of the attack he has been suffering from frequent bloody discharges, which are not painful nor of sufficient importance to keep him from regular attention to business. The discharges were accompanied with paroxysms of pain which were always relieved by free alvine evacuations. At length these attacks occurred oftener; during the past year they were attended by violent pain and vomiting. During the past summer these paroxysms of pain occurred at intervals of three weeks, and were so severe that he was obliged to keep entirely quiet for from twelve to twenty-four hours, at home; still he was well enough to be about until the severe cold weather of winter. Sometime in January, 1871, he gave up going out of doors altogether, and of course relinquished all work or application to business matters.

At that time he experienced occasional attacks of pain as if located in the pubic bones, resembling not that of colic as much as the soreness of a boil. Two or three weeks ago, the usual movement of the bowels not taking place, the patient resorted to the use of an active cathartic, which produced a very copious evacuation, attended with a great deal of pain; afterward the passages were small in size, yet came away with such force and accompanied by such a quantity of flatus that it seemed to the patient as if they would "blow him up," to use his own expression.

Many years ago, when he had the attack of piles, it was associated with the formation of small external tumors and accompanied with



Scirrhus of the Rectum.
(⅓ natural size.)

quite copious hemorrhages. For two months past he has suffered in like manner from bloody evacuations, which, during the past week, have been copious, in clots, and of a very dark color. When daily evacuations take place he suffers little or no pain, but when there is inactivity of the bowels, requiring the assistance of cathartics, there is very troublesome vomiting and severe pain.

A year ago he suffered from many of these attacks, but has never vomited blood. The pain occurs usually about the time a movement should take place. A very frequent symptom is a sensation of extreme fullness of the bowels, a feeling as if they were crowded. Soon an inclination to an evacuation follows, which sometimes consists only of a discharge of bloody matter in small quantity, a teaspoonful or two; sometimes, however, of a greater amount, and at intervals of from one to four hours. With the bloody discharges there is no admixture of fæcal matter. The discharge is always of a dark color; the evacuations are usually preceded by a discharge of urine from the bladder. Recently he has not lost more than a gill of blood in the course of twenty-four hours. Within a day or two past the evacuations of fæcal matter are scanty, of a dark color and very offensive. Recently he has experienced sharp, angry, lancinating, stinging, but not burning pains in the rectum.

The patient has suffered lately from pain in the testicles, several hours at a time, sometimes continuing twenty-four hours; the pain is indescribable; an aching or drawing more than lancinating; the testicles hang down heavily in the scrotum, and are not perceptibly enlarged; the patient looks pale and haggard, and has had that appearance for two or three months past.

The foregoing statement was recorded at my first visit to the patient, in the month of June, 1871. His condition remained about the same for two or three months, his symptoms at times slightly improving, then relapsing again, each paroxysm being rather more aggravated than any preceding one. He grew weaker and suffered more and more pain. After the first of September, his sufferings were so intense, the constant use of morphine was required in order to render his condition even tolerable.

During the month of August a swelling formed in the hypogastrium, apparently as large as a quart measure. It was hard, round, and the touch indicated the presence of a firm, solid tumor. He was a large, corpulent person, hence the exact dimensions and character of the swelling could not be easily and clearly defined.

During the last few weeks the patient suffered from frequent attacks of vomiting of very offensive matter. Fæcal evacuations were obtained only by enemas of warm water and an occasional dose of some mild cathartic, were very offensive and attended by very severe pain.

The patient finally died on the fifth of October. The disease proved to be cancer, involving the rectum for about twelve inches in extent, commencing three or four inches from its lower extremity. The tumor in the hypogastrium proved to have been caused by large collections of hardened fæcal matter, with which the large intestine was filled throughout its whole extent. The appearance of the diseased mass is well represented by the accompanying engraving.

Dr. H. G. Preston, of Albany, accompanied me at my first visit, and also several times subsequently, in order to render such surgical aid as the case required. He also conducted the *post-mortem* examination.

L.

Trephining the Tibia.*

By L. PRATT, M. D.

The patient had been suffering from chronic abscess of the tibia for about two years. These abscesses occur most frequently near the articular extremities of the long bones, unless caused by direct violence. The tibia seems to be the most subject to them, the femur next, and the humerus still less. Any cause which produces an inflammation of the cancellated structure of bone is sufficient to form them.

The history of this case shows it to have been caused by a gun-shot wound received on the sixth day of May, 1864, during the Battle of the Wilderness. The bullet entered just anterior to and below the upper end of the fibula.† He was wounded through the left side of the chest during the same engagement, and lay upon the ground twenty-four hours before receiving attention, when he was placed in a tent, where he remained some four weeks. During this time there was a profuse purulent and bloody discharge from the bullet hole. He was then removed to Lynchburg, and soon afterward a large abscess formed a little above the center of the fibula, pointing near the middle of the cicatrix. The abscess was freely opened by the attending surgeon, and several fragments of the fibula were removed, showing it to have been shattered by the bullet.

The patient informs me that a wad of cloth was found by the surgeon, lying imbeded in the soft tissue, in an oblique direction toward the knee from the point where the bullet entered. He searched for the ball at that time, and gave it as his opinion that it was lying under the upper end of the tibia, but could not then be found.

* By an oversight a portion of this article was omitted in the eighth volume of Transactions, consequently the article is republished, including the omission. For illustrations, see vol. VIII. of *Transactions*, 1870.

† The position of the cicatrix from the first wound, made while he was advancing toward the enemy, the subsequent abscess formed below, and the present condition of this limb, make it probable his leg was flexed when struck by the bullet, which may have passed down, under and into the tibia, thus being the direct cause of the diseased condition from which the patient is suffering.

The opening then made did not heal for about three years, during which time several more pieces of bone were removed, and others came away. One of these fragments the patient handed me, which is about an inch and a half long, and apppears as though it had been broken from the side of the bone.

About two years ago this opening healed. Soon afterward he was attacked with violent pains in the tibia, where the upper sinus is situated. He had chills and fever, and describes the paroxysms, of acute pain, as coming on at irregular intervals, somewhat intermittent, and especially agonizing at night. An elevation soon appeared at this point, to which, he informs me, he applied poultices for nearly four weeks, when an opening was formed, discharging pus and blood freely. From that time up to the present, there has been more or less discharge of pus, blood and serum from this upper sinus. Whenever there is an obstruction he is attacked with more or less inflammation of the periosteum and surrounding tissues, accompanied with severe pains, which continue until the opening is re-established. You can judge, from the appearance of the leg, that there is a gradual enlargement taking place, and the soft parts around it show indications of obstructed circulation and consequent diseased action. It is only a short time since this lower sinus was formed, and there is also a continual discharge from it.

It was deemed necessary to trephine the bone, with a view of removing whatever of its cancellated structure may be found diseased, and also the bullet which caused the injury. If this had been done soon after the abscess was formed it is quite probable that this man might have had a reasonably good leg long ago.

As I passed the probe into this upper sinus you notice that after entering nearly two inches it meets with an obstruction. This proved to be the rebel bullet.

The lower sinus is not quite as deep, and the peculiar feel at its bottom seems a little more smooth than at the bottom of the other.

I now opened, with the scalpel, the soft tissue, down to the bone, from a little above the upper sinus to a point a little below the lower one, making an incision about four inches in length. After having dissected the periosteum from its attachments to the bone, I next bore with the trephine down to its posterior plate.

It is usual in removing vertical section of bone, or a part of one, to trephine at each extremity of the part to be removed. Instead of doing so, in this case, I passed the saw downward and through the

anterior plate, from one sinus to the other. Again I sawed transversely from the lower sinus, outward, down through the external plate, to a sufficient depth for removing that portion of bone which lies between the sinuses. Almost directly back of the upper one I found the ball lying firmly imbedded, about half its thickness, in the bone, having passed through the posterior plate and external border of the tibia, at the termination of a line bounding the internal attachment of the tibialis posticus muscle. I noticed the fibula resting against the tibia at this point, which is probably the result of its having been fractured above.

With the gouge and bone forceps I removed portions of the interior structure of the bone which show an unhealthy appearance; also whatever was in the way of removing the ball, which seemed to adhere, on the principle of "squatter sovereignty," very tenaciously.

Success crowned our efforts in finding and dislodging the intruder, and I closed the incision with interrupted wire sutures. The dressing consists of several thicknesses of patent lint, saturated with carbolic acid and linseed oil (boiled), in the proportion of about one-third of a solution of the former to two-thirds of the latter, over which we place a piece of tin-foil, to exclude the air, and apply a bandage.

I did not fill the cavity in the bone with the lint, as is recommended in surgical works. I see no sufficient reason for so doing. The lint would be a foreign substance, and would hinder rather than promote the reparative process.

LI.

Dry Cupping the Bowels, for Strangulated Inguinal Hernia.

By RALPH BLAKELOCK, M. D.

Mrs. B., aged eighty-two, in carrying a piece of ice up stairs, was taken with severe pain in the pubic region, sickness at stomach, with a disposition to evacuate the bowels. Three hours after these symptoms occurred, I found the patient in a collapsed condition; cold sweat standing in beads on her face; vomiting and great prostration. After making an examination, diagnosed strangulated hernia. Gave nux vomica[3]. and endeavored to reduce it by taxis, but was unable to accomplish it by that process. Having read in Hill and Hunt's work on *Homœopathic Surgery* of a case where the doctor melted off the spout of a pewter pitcher, and placing cotton in it fired it; then after emptying out the cotton, placed it over the abdomen, and soon had the bowels in the pitcher, and the hernia was reduced. On this hint I procured an earthen jar nine inches deep and seven inches in diameter at the mouth, larger in circumference in the middle of the jar than at the bottom or top, and filled it with hot water, then dashed it out, and placed it over the abdomen. As the vessel cooled, the bowels were drawn up into the jar, and she exclaimed, "Oh, it is out!"

The hernia was reduced, and I ordered the use of a truss.

PART II. SECTION V.

REPORT OF BUREAU OF STATISTICS.

HENRY N. AVERY, M. D., 92 Cannon street, Poughkeepsie, Dutchess county.

CONTENTS.

Hospitals.

LII. Brooklyn Homœopathic Hospital.
LIII. Brooklyn Homœopathic Lying-in Asylum.
LIV. Buffalo Ingleside Home.
LV. Middletown. State Homœopathic Asylum for the Insane.
LVI. New York. Five Points House of Industry.
LVII. " Hahnemann Hospital.
LVIII. " Ophthalmic Hospital.
LIX. " Protestant Half-Orphan Asylum.

Dispensaries.

LX. Albany City.
LXI. Brooklyn. Gates Avenue.
LXII. " Homœopathic.
LXIII. Buffalo. Homœopathic.
LXIV. New York. Bond street.
LXV. " Harlem Homœopathic.
LXVI. " Homœopathic Medical College.
LXVII. " Metropolitan Homœopathic.
LXVIII. " Morrisania Homœopathic.
LXIX. " New York Homœopathic.
LXX. " North Eastern Homœopathic.
LXXI. " Western Homœopathic.
LXXII. " Yorkville Homœopathic.
LXXIII. Poughkeepsie. Homœopathic.

Medical Colleges.

LXXIV. New York Homœopathic.
LXXV. New York Medical College for Women.

County and Local Medical Societies.

LXXVI. Albany county.
LXXVII. Broome county.
LXXVIII. Cayuga county.
LXXIX. Chautauqua county.
LXXX. Chemung county.
LXXXI. Chenango county.
LXXXII. Columbia county.
LXXXIII. Dutchess county.

LXXXIV. Erie county.
LXXXV. Kings county.
LXXXVI. Livingston county.
LXXXVII. Madison county.
LXXXVIII. Monroe county.
LXXXIX. Montgomery county.
XC. New York county.
XCI. Niagara county.
XCII. Oneida county.
XCIII. Onondaga county.
XCIV. Ontario county.
XCV. Orange county.
XCVI. Oswego county.
XCVII. Otsego county.
XCVIII. Rensselaer county.
XCIX. Saratoga county.
C. Steuben county.
CI. St. Lawrence county.
CII. Tioga county.
CIII. Ulster county.
CIV. Washington county.
CV. Wayne county.
CVI. Westchester county.
CVII. Central Medical Society.
CVIII. Northern Medical Society.

LII.

Report of the Brooklyn Homœopathic Hospital.

Incorporated as a Dispensary December 5, 1852. Title changed to Brooklyn Homœopathic Hospital, by act of Legislature, February 9, 1871.

OFFICERS, 1871.

President.—Charles A. Townsend.

Vice-President.—A. B. Capwell.

Treasurer.—John P. Atkinson.

Secretary.—J. Howard Cowing.

Trustees.—C. A. Townsend, A. E. Sumner, W. W. Goodrich, J. A. Cowing, J. B. Woodward, A. B. Capwell, J. W. Mason, B. S. Dunning, E. W. Corlies, D. M. Stone, Pitt Cooke, E. L. Kalbfleisch, J. C. Wemple, Edwin Bulkley, W. B. Leonard, A. F. Goodnow, A. G. Slade, Wm. H. Cromwell, Harry E. Dodge, A. E. Masters, William Poole, W. M. Price, E. Richardson, R. W. Ropes, W. S. Tisdale, Geo. M. Woodward, Stewart L. Woodford, Archibald Baxter, Thomas S. Dakin, J. H. Cowing, J. P. Atkinson, L. S. Burnham, E. D. Plimpton, Demas Barnes, H. W. Hunt.

This institution is an outgrowth of the Brooklyn Homœopathic Dispensary, organized in 1852. In 1870, the title of the dispensary was changed to the Brooklyn Homœopathic Hospital, by special act of the Legislature of New York, passed February 9, 1871, which, in addition to the powers formerly held, authorized the establishment of a hospital, and the acquiring, etc., of real estate, to the value of $100,000. The trustees have recently purchased the property of the Cumberland street orphan asylum, for the purpose of converting it into a hospital. This building is located in Cumberland street, near Myrtle avenue, and will comfortably accommodate 150 patients without any enlargement. The property cost $27,500, and when refitted and furnished will have cost not far from $50,000. The alterations will be chiefly as follows: A wing will be added to the south side of the building, adding about one-fourth to its capacity. New lintels will be placed over the windows. The location of the front entrance will not be changed, but the porch will be entirely new, larger, finished in stone, and surmounted by a handsome cornice

upon which will be placed an appropriate inscription. The front elevation will be raised sufficiently to afford an upper or surgical floor twelve feet in height. Above this, a Mansard roof over the whole building, handsomely finished with towers at both ends, affords another story. Between the northern and southern wings of the surgical department, on the third floor will be an amphitheater for surgical operations. The entire second floor and part of the first floor will be used for medical wards. The remaining portion of the first floor will be used for a library, pharmacy, office and reception room. The basement of the north wing will be occupied as a dispensary, and the remainder of the basement will be used for dining rooms, kitchen, laundry, etc. The ground comprises eight lots of ground, and is 100 feet front by 200 feet deep, running through from Cumberland street to Carleton avenue. Possession will be had about the first of May, 1872, and the alterations will then be commenced. The first impetus to the establishment of a hospital was the successful ball given at the Academy of Music last year, by which over $3,000 were raised. The Legislature afterward appropriated $10,000 for this purpose. It is hoped and confidently expected that the remainder of the money necessary to put the institution on a firm financial basis will be raised during the coming season. The first step will be the soliciting of private subscriptions. This has already been done to some extent, with good success. In a few weeks there will be given a series of private theatricals at the Academy of Music, and during the season another grand ball will be given on the plan of the one given last winter.

The Brooklyn Homœopathic Dispensary, in Atlantic street, forms a part of this institution, and is still continued at the Atlantic street building, under the supervision of a dispensary committee appointed by the board of trustees of the hospital.

Act Amending the Certificate of Incorporation of the Brooklyn Homœopathic Dispensary.

CHAPTER 27.

AN act to change the name of the Brooklyn Homœopathic Dispensary, to authorize it to sell, mortgage or lease its property, to establish and maintain a hospital, and to increase the number of trustees. Passed February 9, 1871.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. The name of the corporation known as the Brooklyn Homœopathic Dispensary is hereby changed to "The Brooklyn

Homœopathic Hospital." Nothing herein contained shall affect any suits now pending, or affect the rights of any parties.

§ 2. The said corporation shall, in addition to its present powers, have power to establish and maintain a hospital in the city of Brooklyn, and for this purpose may lease, purchase and acquire such real and personal property as may be necessary or proper therefor, to the amount in value of one hundred thousand dollars.

§ 3. The number of trustees of said corporation is hereby increased to thirty-five, and the following persons shall be such trustees until the next annual election, viz.: Charles A. Townsend, A. B. Capwell, John P. Atkinson, John H. Cowing, J. A. Cowing, R. W. Ropes, L. S. Burnham, William Poole, Enos Richardson, A. E. Sumner, A. F. Goodnow, John W. Mason, E. D. Plimpton, Edward Annan, William B. Kendall, David M. Stone, William B. Leonard, Augustus E. Masters, William S. Woodward, Pitt Cooke, Edward Dodge, William S. Tisdale, E. W. Corlies, William M. Price, William J. Osborne, J. C. Wemple, E. L. Kalbfleisch, Edwin Bulkley, Archibald Baxter, B. S. Dunning, Demas Barnes, Thomas S. Dakin, John B. Woodward, George M. Woodward and Stewart L. Woodford. Seven of the trustees shall constitute a quorum, and whenever any vacancy shall occur among the trustees by death, resignation, or neglect to serve, the vacancy may be filled in such manner as may be provided by the by-laws of such corporation.

§ 4. The trustees of the corporation may sell, mortgage or lease the real property now owned by it, for such price, and upon such terms as they may deem expedient, and hold the proceeds or the rents, issues and profits thereof, or expend the same in the purchase or lease of other property for the purposes aforesaid.

§ 5. The corporation shall possess the powers and be subject to the provisions and restrictions contained in the third title of the eighteenth chapter of the first part of the Revised Statutes.

§ 6. This act shall take effect immediately.

STATE OF NEW YORK,
OFFICE OF THE SECRETARY OF STATE, } *ss.:*

I have compared the preceding with the original law on file in this office, and do certify that the same is a correct transcript therefrom, and of the whole of said original law.

Given under my hand and seal of office, at the city of
[L. S.] Albany, this twenty-first day of February, in the year one thousand eight hundred and seventy-one.

D. WILLERS, JR.,
Deputy Secretary of State.

From the Brooklyn Daily Union, January 15, 1872.

Brooklyn Homœopathic Hospital.—Annual Meeting.—The adjourned annual meeting of the members of the Brooklyn Homœo-

pathic Hospital was held at the dispensary building, 178 Atlantic street. David M. Stone, Esq., occupied the chair. The treasurer being absent, C. A. Townsend, Esq., acted in his place, and read the treasurer's report, which was audited and accepted. It showed the institution to be in a sound financial condition, and was the subject of congratulation among the members of the board.

Mr. Wm. H. Cromwell, Chairman of the committee of arrangements of the entertainment given last week, presented a check for $313, as the result of their efforts.

The annual report of the house physician was read, showing that during the year 1871, 7,903 patients were treated in the various departments of the dispensary; about 300 patients were visited at their homes, and that 1,365 persons were vaccinated during that period. Over 13,000 prescriptions were also prepared gratuitously during the year. The report was accepted and ordered on file.

Dr. Sumner, the medical director of the dispensary, reported the institution was now in a flourishing condition, the medical board being composed of a large number of physicians and surgeons who were untiring in their efforts to advance the welfare of the institution. He called especial attention to the surgical department, under Drs. Minor, Fiske and Monmonier; to the eye and ear department, under Dr. Searle; and the department of the throat and nasal passages, under Dr. Whitney, as being comparatively new departments, generously equipped and rapidly increasing in importance. The department of diseases of women, under Dr. Gorton, and of nervous diseases, under Dr. Garside, were of older date, and are now better equipped than in any similar institution in the city. In fact, the medical and surgical board was larger and more efficient than it had ever been, and challenged comparison. He thought the board of trustees owed a deep debt of gratitude to the medical board for the thorough and earnest manner in which they had performed their duties, the more so, as their services were gratuitous and voluntary.

He urged the trustees to visit the institution during dispensary hours, that they might ascertain the amount of good it was doing.

Mr. L. S. Burnham, said it had been his pleasure to visit the institution when in full operation, and that he had been very much surprised to see the amount of good that was so quietly and systematically done, and he moved that a committee be appointed to make some suitable and official acknowledgment to the medical board. Mr. J. A. Cowing moved as an amendment that the officers of the

board constitute that committee. The amendment was accepted and motion carried.

The first monthly meeting of the new board of trustees was held immediately after the annual meeting, and selected the following officers for the ensuing year:

President.—C. A. Townsend.

Vice-President.—David M. Stone.

Treasurer.—Wm. H. Cromwell.

Secretary.—J. Howard Cowing.

It was moved by Mr. Wyman that the regular committees be appointed by the president, which was seconded and carried.

The president subsequently announced the following committees:

On Finance.—Demas Barnes, chairman; Wm. B. Leonard, H. W. Hunt, A. G. Goodnow.

On Reports.—J. A. Cowing, chairman; W. W. Goodrich, A. B. Capwell.

On Library.—S. L. Burnham, chairman; D. M. Stone, J. H. Cowing.

On Dispensary—A. E. Sumner, chairman; William H. Cromwell, Thomas S. Dakin, and the officers of the Board.

On Building.—William R. Leonard, chairman; L. S. Burnham, D. M. Stone, J. A. Cowing, A. E. Sumner.

On Appropriations.—W. W. Goodrich, chairman; David M. Stone, John C. Wyman, Thomas S. Dakin.

On the motion of Mr. J. A. Cowing, Dr. Sumner was unanimously re-elected medical director of the dispensary for the year.

The monthly reports of the treasurer and house physician were read and ordered on file.

Dr. Sumner presented to the board a plan for the improvement of the hospital on Cumberland street, at an estimated expense of $25,000 or $30,000, and advocated its adoption in a few earnest and eloquent remarks. After considerable discussion it was moved by Mr. J. A. Cowing, that a building committee of three be appointed to obtain more exact estimates in detail of the expense of the proposed improvements, carrying out the architect's plan as presented by Dr. Sumner. Messrs. Sumner, Leonard and Cowing were appointed. It was suggested that the building committee act with the finance committee in this matter.

Although the board of trustees had already subscribed among themselves $5,000, they were so favorably impressed with the plans,

that they subscribed $2,500 additional at the meeting, and a much larger sum has already been promised. It was hoped that the ball at the Academy of Music next month would add a very considerable amount toward the expenses of repairs, and that the citizens would from their private purses complete the amount.

The perspective drawing of the hospital, by Mr. Frank H. Loenholdt, which created such a favorable impression on the board, is now on exhibition in the window of the homœopathic pharmacy, near the post-office.

The Charity Ball.—On Saturday evening, the executive committee for the charity ball, in aid of the homœopathic hospital fund, met at the Academy of Music. The following gentlemen attended: C. A. Townsend, Samuel McLean, Wm. B. Leonard, Dr. Sumner, H. W. Hunt, A. E. Masters, L. S. Burnham, Wm. H. Cromwell, John C. Wyman, Dr. Moffat, J. H. Cowing, P. H. T. Cooke, Gen. Dakin, A. B. Baylis, Jr., and Andrew J. Perry.

On the motion of Mr. Townsend, Mr. McLean took the chair.

Mr. Hunt, the secretary, read the minutes of the last meeting, held January 5, which were approved.

Dr. Sumner, chairman of the committee on reserved seats, said that the date on which the reserved seats would be advertised for sale by auction, would probably be decided in a few days. Dr. Sumner also said that the great feature now was the distribution of tickets. At the last meeting a committee of three was appointed to wait on the executive and floor committees, and as far as lay in their power, to ascertain the number of tickets they would require. That committee was found to be too small for the work they had to accomplish, and other gentlemen might be added.

It was proposed by General Dakin that each gentleman now present at the meeting, take a certain number of names and make it their business to call upon the gentlemen of the executive and floor committees who had not yet subscribed. That would avoid adding other names to the committee. This proposition was assented to, and lists were made out.

Several of the executive committee present took their tickets, and it was stated that already the expenses of the ball were secured.

Dr. Sumner said that a very fine drawing of the hospital had been placed on view in the homœopathic pharmacy, next the post-office.

On motion of Mr. Leonard, the meeting adjourned till Friday evening next, at eight o'clock.

LIII.

Report of the Brooklyn Homœopathic Lying-in Asylum.

Organized January 24, 1871. Located at 88 Lawrence street, corner of Willoughby.

By HENRY MINTON, M. D.

OFFICERS, 1871.

First Directress.—Mrs. R. C. Moffatt.

Second Directress.—Mrs. Abram Burtis.

Third Directress.—Mrs. E. C. Arbuckle.

Treasurer.—Mrs. W. T. Coale.

Corresponding Secretary.—Mrs. Tobias New.

Recording Secretary.—Miss Mary A. Downs.

Managers.—Mrs. W. W. Goodrich, Mrs. M. F. Bliss, Mrs. A. Agar, Mrs. J. C. Wemple, Mrs. N. T. Beers, Mrs. H. L. Bardwell, Mrs. J. Willets,* Miss C. Mountain, Mrs. H. Minton, Mrs. G. L. Ford, Mrs. J. B. Elliott, Mrs. D. Titus, Mrs. H. F. Aten, Mrs. B. F. Underwood, Mrs. F. T. Nutt, Mrs. H. Morrill, Mrs. M. M. Voorhies, Mrs. W. H. Lyon, Mrs. R. C. Moffatt, Mrs. Robert Shaw, Mrs. J. V. Spader, Mrs. J. Hickok, Mrs. C. Brownell, Mrs. M. M. Hurd, Mrs. Tobias New, Mrs. D. C. Ralston, Mrs. M. K. Moody, Mrs. W. H. Parsons, Mrs. W. W. Tyler, Mrs. J. Ashcroft, Mrs. J. T. Smith, Mrs. J. G. Frost, Mrs. G. Jennison, Mrs. D. V. Bennet, Mrs. A. Burtis, Mrs. E. E. Arbuckle, Mrs. W. T. Coale, Miss Mary A. Downs, Mrs. H. W. Sage.

Advisory Board.—E. T. Richardson, M. D.; J. C. Wemple, H. W. Sage, D. M. Stone, B. Dunning, A. Agar, A. Burtis, H. L. Bardwell, W. W. Goodrich, W. L. Woodward, Henry Minton, M. D.; F. W. Skiles, M. D.; W. H. Lyon, J. T. Smith, George M. Woodward.

Counsel.—Hon. W. W. Goodrich.

Physician-in-Chief.—Henry Minton, M. D.

Resident Physician.—St. Clair Smith, M. D.

Consulting Board.—F. W. Skiles, M. D.; J. B. Elliott, M. D.; E. T. Richardson, M. D.; P. P. Wells, M. D.; H. F. Aten, M. D.

* Deceased.

Report.

In presenting this first annual report, the managers of the Brooklyn Homœopathic Lying-in Asylum feel that they have occasion for much gratitude, in that their first hearing before the public can be so favorable.

The necessity of such an institution in Protestant hands had long been felt, and when it was decided to conduct it under strictly homœopathic management, the labor attending its successful inauguration was materially increased; but the ladies who undertook the task were thoroughly imbued with earnest zeal for their work; and the result of this year's labor gives great encouragement for them to persevere.

In fact, the requirement of the Legislature for their report being presented the first of October, deprives them of the benefit of an account for a full year, as they did not organize until January last. Credit should therefore be given them for the actual amount of time they have been in operation.

The institution being yet in its infancy, the managers find it impossible to attend to all the calls upon their charity, for want of room and also for want of sufficient funds.

They are therefore desirous of increasing their list of subscribers, which will not only add to their funds, but also give them a larger number of friends and co-workers in the cause.

It is earnestly hoped that every member of this society will lend herself to the work with increased zeal during the coming year. The terrible revelations of the past few months, are a powerful incentive for them to do their utmost to increase their facilities and means, so that not one who applies to them shall be turned from their doors; thus, haply, saving *even one* poor creature, and restoring her to a life of virtue and usefulness.

Already have we had some cases of young girls led astray, who, had they not learned of this asylum, must undoubtedly have fallen into such hands as did Emily Post. These cases have received care and encouragement from us; provision has been made for the children, and there is every reason to believe that this, their first step in shame, may be their last. Had the officers at the police station given the attention they ought to the circulars left at the different stations, Emily Post would have been brought to us, and though so prostrated by the inhuman treatment she had received, there is reason to think that her life might have been saved.

The managers desire to increase their means and accommodations to such an extent, that the institution shall become so prominent and so widely known, that all such as now go to those terrible abortionists to hide their shame, may be led to come to us, or similar asylums, and their own and their children's lives saved, and the erring mothers led back to paths of virtue. An article in the *Evening Post* of September 14th, on such institutions in Europe, and their general influence, goes far to prove how great is their beneficial effect upon community. It says: "The prejudice which Americans generally entertain against institutions of this kind is believed by many thoughtful men to spring from a misconception of the objects for which they are established, and of the results accomplished by them. They argue that vice will always exist, and that it is the part of true philanthrophy to adopt measures for the amelioration of evils which it is impossible to reform.

"To mitigate, if not wholly to correct one of the worst of the evils which poison society, they say, is the object to be accomplished by these hospitals."

In another place it states, as a direct result from them, that now "the destruction of infant life is almost unknown in French society."

The managers have reason to be thankful that all who have come under their care, have passed through their confinement safely, and left in good health.

The subject of the disposition of infants born in the asylum is under consideration, and they hope to have some plan perfected, and in operation, before the close of their second year.

There is great necessity for some arrangement of this kind, since, if left to the mothers, they almost invariably fall into Catholic institutions.

It having come to the knowledge of the managers in June, that Mrs. C. B. Mitchell, the first directress, had made collections for the institution which never reached the treasury, a special meeting was called, for the purpose of investigation, and the following note was sent to Mrs. Mitchell:

"Mrs. B. C. Mitchell.: A special meeting of the managers of the Brooklyn Homœopathic Lying-in Asylum will be held at the asylum, Wednesday, August 9th, at eleven A. M. You are invited to be present, by request of a number of managers. Object of meeting, to take into consideration certain reports relating to our first directress, which are prejudicial to the interests of the asylum."

Instead of attending said meeting, she sent in her resignation, which was accepted, and her connection with the institution was thereby terminated, and Mrs. R. C. Moffatt was unanimously elected in her place.

The managers take pleasure in speaking of the merits of their resident physician, also of their matron, who, in her uprightness, faithfulness and careful performance of her duties gives credit and dignity to the institution.

During the summer they have met with a sad loss, in the death of Mrs. Esther G. Willetts, who had endeared herself to them greatly in the short time they had labored together, and had shown herself a most earnest friend to this charity.

With grateful hearts to a kind Providence for what they have been enabled to do, and with earnest hope for the future, the managers present this their first annual report.

Statement of Cases, up to October 1, 1871.

Number admitted to Asylum.—Who had been confined, one; who were to be confined, sixteen.

Number Discharged.—Before confinement, four; after confinement, twelve.

Number Remaining.—Who have been confined, one; to be confined, two.

Number of Confinements.—At the asylum, twelve.

Number of Births at the Asylum.—Male, five; female, eight.

Condition of Children at Birth.—Healthy, thirteen.

Operation.—one.

Report of the Resident Physician.

I herewith have the pleasure of transmitting to you the first report of the resident physician of the institution over which you have the honor to preside.

You will observe that it is simply a statement of the number of patients received into the asylum, the number of children born, and general results. This contains all of importance that you will wish to incorporate in your general report to the public, or to those especially interested in the charitable work which you are so sucessfully conducting.

I might say, however, viewed from a professional standpoint, each one of these cases presented features both interesting and

instructive. Some of them presented complications seldom met with in private practice, and as seldom successfully combatted.

As an instance of this kind, I would refer you to the case of Mrs. C. T., delivered of twins on the eighth of April. From extreme pelvic deformity it became necessary to resort to instrumental means in the delivery of both children. After much care and perseverance, we finally succeeded in extracting both children from the distorted pelvis, and were congratulating ourselves on the fortunate termination achieved, when it was discovered that further complications existed, in the form of extensive placental adhesions, which required mechanical interference to break up and extricate; all of which was successfully accomplished. Both children were saved, and the mother made a speedy recovery.

I might detail other cases of various complications, did this seem exactly the place for such a report, but I will say instead, that every point of interest, indeed, all the minutiæ of each case entered, has been placed upon permanent record, and in due course of time will be presented in a detailed report, through you, to the medical profession, to whom I have no doubt it will be highly interesting and acceptable.

The successful termination of all the cases admitted into the asylum, is, in a large measure, due to the thoughtful care and assiduous attention of your resident physician, Dr. Smith. Great credit is alike due to your most efficient matron, and her corps of able and experienced nurses; without their willing co-operation, the physician's success would be materially curtailed.

Some time ago, I addressed you in regard to the colored applicants for admission into the asylum. I would again call your attention to the importance of so enlarging your accommodations as to admit this large class of the needy poor. I am well aware that the building you now occupy is not sufficiently commodious to admit the apportionment of a ward for their reception; still it seems to me that the object is of sufficient importance to enlist the sympathies and material aid of all those charitably inclined. I would, therefore, suggest that a united and energetic effort be made to secure funds for the erection of a building, especially adapted to the successful accomplishment of the ends held in view by your noble charity.

I would also call your attention to the absolute necessity of supplying the institution with a complete set of obstetrical instruments. This necessity must be obvious to you all. Cases occur where imme-

diate instrumental assistance is demanded, where the urgency of the case will not admit of the time lost in sending for the particular instrument needed.

Financial Statement.

Receipts	$2,147 77
Expenditures	1,706 25
Balance	$441 52

The institution has three benefactors, ten life members, and one hundred and sixty-two annual members.

Constitution and By-laws.

Article I.

The title of this institution shall be "The Brooklyn Homœopathic Lying-in Asylum."

Article II.

The object of this institution shall be to furnish exclusively homœopathic treatment and comfortable accommodations for women desiring an asylum during the period of confinement, their necessity being the only requisite for admission, without question as to nationality or color.

Article III.

Its design is to provide a department for all who desire to avail themselves of the benefits of the treatment afforded in this asylum, and to secure for that period, care, comfort and quiet, at a stated price, to be decided upon hereafter, according to their ability to pay.

Article IV.

The business of this institution shall be conducted by a board of forty managers, of whom nine shall constitute a quorum for the transaction of business, one-half of whom, after the first year, shall be elected annually by the ballots of the members of the institution. The board of managers shall, as soon as possible after their election, divide by lot into two equal classes, one of which shall serve the first year. The board of managers shall elect by ballot a first, second and third directress, corresponding and recording secretaries, treasurer, and an executive committee of eight, of which executive committee the above named officers shall be members *ex officio*.

All purchases and sales and all appointments or removals of officers, shall be decided upon by a majority of a quorum of the managers.

The managers shall appoint a physician-in-chief and a board of consulting physicians, who shall hold their places until removed by a unanimous vote of their associates.

The board of physicians shall have full control over the medical department of the institution; to appoint all medical officers of the asylum, and to fill all vacancies that may occur in their board.

Article V.

Any person contributing from two to five dollars to the funds of the institution, whose name shall be recorded as such contributor, shall be a member until the next annual meeting.

Any woman contributing twenty-five dollars or more, at one time, shall be constituted a life member.

Article VI.

Any person contributing, at one time, to the funds of the institution the sum of one hundred dollars or more, shall have the honorary title of benefactor.

Article VII.

All officers shall hold their places and discharge their duties until their successors are duly appointed.

Article VIII.

The annual meeting of this institution shall be held on the last Thursday in January of each year, at such hour and place as the board of managers shall designate, at which time the managers and officers for the ensuing year shall be elected.

Article IX.

No person shall be eligible to any elective office in this institution whose medical preferences are other than homœopathic.

Article X.

This constitution may be altered or amended at any annual meeting by a two-thirds vote of the members of the board of managers present, or at any other meeting specially called to consider such alteration or amendment, provided the proposed change be specified in the notices by which such meeting is called, which notices shall be given by the secretary at least three days previous to said meeting.

By-Laws.

Article I.

The regular meeting of the board of managers shall be held on the last Thursday of each month, at eleven o'clock, A. M., at the asylum.

Article II.

The officers and employes shall perform the duties enjoined by the constitution, by-laws, and resolutions of the institution.

Article III.

Each member of the board shall be a collector, making returns at each monthly meeting.

Article IV.

After the board is called to order, no person shall speak audibly except on immediate business of the meeting, addressing herself to, and being recognized by the presiding officer.

Article V.

The meeting shall be opened by reading a portion of Scripture.

The following shall be the order of business:

1. Calling the roll.
2. Reading the minutes of the secretary.
3. Reports of committees.
4. Unfinished business of last meeting.
5. Appointment of visiting committees for ensuing month.
6. The introduction of any other business which shall be proposed in writing.

Article VI.

The first directress shall preside at all meetings of managers and of executive committee. She shall preserve order, state questions, and declare the result; and when the meeting is equally divided, shall have the casting vote. She shall appoint all committees, subject to the approval of the board.

Article VII.

The corresponding secretary shall conduct all correspondence, and prepare the annual report.

Article VIII.

The secretary shall give notice, at least three days previously, of all meetings, regular and special, of the members, and of the board of managers. She shall attend the meetings of the same and record

their proceedings. She shall notify all officers of their election, and all committees of their appointment. She shall specify in the notices the reasons for convening the special meetings. She shall at every meeting read the minutes of the previous meeting at length.

Article IX.

Special meetings of the board of managers may be called by the secretary at the request of the first directress, or of five members of the board. In the absence of the first directress, her duties shall be discharged by the second directress, and in the absence of both, by the third directress.

Article X.

The treasurer shall take charge of all moneys belonging to the institution. She shall make all disbursements ordered by the board of managers; she shall attend their meetings; she shall report at all monthly meetings all receipts and expenditures; she shall keep a record of all subscriptions, donations and bequests; and as often as their funds shall amount to one hundred dollars, she shall deposit the same in some bank in the city to the credit of the asylum, and no funds shall be drawn therefrom, except by the check of the treasurer, approved and indorsed by the first directress, and for the purposes of the asylum only.

The books of the treasurer shall be open at all times to the inspection of the executive committee.

Article XI.

The executive committee shall have charge of the affairs of the institution, when the managers are not in session; shall attend the regular meetings of the board, and the special meetings when requested; shall report at each regular meeting of the managers, as to the condition and need of the institution; shall keep the asylum in repair, pay salaries and wages, and report to the board monthly.

Article XII.

Every manager who shall be tardy thirty minutes after the time appointed for meeting, shall pay a fine of twenty-five cents.

Article XIII.

The visiting committee shall consist of four managers to serve one month each, to be appointed at the first meeting after the annual meeting. They shall determine whether the applicant shall be

received on the funds of the asylum, or as a paying patient, and in the latter case they shall agree upon the price to be paid weekly, and take such security as they may deem requisite, and report all proceedings to the executive committee.

Article XIV.

If any patient shall leave the house without permission, or otherwise misbehave, the committee may at their discretion discharge her.

Article XV.

The physician-in-chief shall visit every patient in the asylum once a week or oftener, if necessary, and if from any cause he shall be unable to attend, he shall procure the attendance of a member of the consulting board.

Article XVI.

The resident physician shall attend all ordinary cases that occur in the house. In all difficult or complicated cases he shall give immediate notice to the physician-in-chief, who shall thereupon visit the asylum and take charge of the case; and in case a consultation be deemed advisable by him, he shall summon one or all, as he shall deem proper, of the consulting board.

Article XVII.

Whenever the resident physician absents himself, he shall leave word with the matron where he may be found. He shall keep in a book prepared for the purpose, a record of all cases which occur in the asylum. In said record shall be entered the name and age of the patient, with such other circumstances as may be thought instructive or interesting, and such a tabulated statement as shall be ordered by the consulting board.

Article XVIII.

The consulting physicians shall respond promptly to all calls from the physician-in-chief.

Article XIX.

The managers shall appoint a matron, who shall hold her office during the pleasure of the board.

Article XX.

The matron shall have a general charge of the asylum, and see that the regulations of the managers and the directions of the executive committee are carried into effect.

She shall keep under her key all wines, spirits, sugar and molasses, and all other stores and necessaries.

She must take care of all the household goods and furniture.

All the patients, nurses and servants must be obedient to her, and must not go out of the house without special permission. She shall take particular care that no wine or spirits are used in the asylum, except by the direction of the physician for the use of the patients.

If the nurses, servants or patients shall use profane language, or otherwise misbehave, she shall report the offender to the visiting committee.

If a patient should die in the house, leaving clothes or other articles of value, the matron shall report the same to the visiting committee, who shall make a minute of such report in their book, and give her the necessary directions.

Article XXI.

Such patients as are able, shall assist in nursing others, and in such other services as the matron shall require.

Article XXII.

No infant shall be permitted to be taken from the asylum without having been previously vaccinated.

Article XXIII.

If any patient shall not conform to the foregoing regulations, or be guilty of any immorality, the matron, with the consent of the resident physician, may immediately discharge her.

Article XXIV.

Any woman making application for admission into this asylum, being so circumstanced as to render it necessary for her to be a resident for more than one week previous to her confinement, shall pay a certain sum in advance, to be decided upon by the visiting committee.

Article XXV.

No alterations or amendments to any by-laws shall be made, except upon one month's previous notice thereof in writing.

LIV.

Report of the Hospital connected with the Ingleside Home, Buffalo.

Established May, 1869. Located at 527 Seneca street, Buffalo, Erie county, N. Y.

Officers, 1871.

President.—Mrs. C. G. Stearns.

Vice-President.—Mrs. Joseph Guild.

Secretary.—Mrs. Loren L. Lewis.

Treasurer.—Mrs. H. H. Otis.

Board of Managers.—Mrs. E. Haines, Mrs. W. A. Wilkes, Mrs. J. O. Robson, Mrs. E. Clarke, Mrs. A. McPherson, Mrs. L. M. Kenyon, Mrs. H. R. Seymour, Mrs. Hugh Webster, Mrs. M. A. Bull, Mrs. Wm. Wilson, Mrs. James S. Lyon, Mrs. E. W. Dennison, Mrs. G. W. Smith, Mrs. O. B. Smith, Mrs. M. L. Comstock, Mrs. E. H. Sanborn, Mrs. E. Comstock, Miss McKenzie.

Medical Board.—President, Alvin Shattuck, M. D.; Secretary, L. M. Kenyon, M. D.

Consulting Physician.—A. S. Hinckley, M. D.

Hospital Report.

Names of Diseases.	Cases treated.	Cured.	Under treatment.	Died.
Venereal disease	38	35	3	..
Alcohol	8	8	..	..
Rheumatism	7	7	..	..
Pneumonia	2	2	..	..
Pleuro-pneumonia	2	2	..	..
Heart disease (valvular)	2	relieved.	..	..
Enteritis	3	3	..	..
Hepatitis	2	2	..	..
Intermittent fever	2	2	..	..
Hemiphlegia	1	benefited.	..	..
Tuberculosis	2	1 "	..	1
Ophthalmia	3	3	..	..
Dysmenorrhœa	4	4	..	..
Amenorrhœa	3	2	1	..
Gastritis	1	1	..	..
Metritis	3	3	..	..
Leucorrhœa	3	3	..	..

Names of Diseases.	Cases treated.	Cured.	Under treatment.	Died.
Hemorrhoids	6	4	2	..
Diarrhœa	8	8	..	..
Bronchitis	3	3	..	..
Neuralgia	2	2	..	..
Tonsilitis	1	1	..	..
Burned	1	..	1	..

We make this our annual report under the most favorable and flattering circumstances, which give us great encouragement as physicians of the homœopathic school.

Within the last year we have been placed in a permanent "home," with ample hospital accommodation for one hundred patients if necessary. The house is well located and contains one hundred rooms, well arranged, with all the necessary appurtenances for taking care of that class of unfortunate females that are to be found in every city. This building was a free gift from Geo. W. Tifft, Esq., of this city, and is a noble gift from a good man.

The president and directors have made it a homœopathic institution from the beginning, and we have no doubt but that it will always remain so.

There have been about one hundred inmates during the year, most of whom were more or less diseased with syphilitic complications, and the result of the homœopathic practice is such as to give a reassurance that it is superior to any other in the treatment of this class of diseases.

There have been thirty-eight cases of syphilis; thirty-four were cured and four are now under treatment.

There have also been two cases of obstetrics, although it is not the design to receive this class as a general thing. One of the infants was afflicted with congenital syphilis at birth, and under our treatment has entirely recovered, and now appears a smart, healthy child. The remedies used were mercurius cor.[30] and thuya, the sixth or thirtieth attenuation.

During the past year the visiting physicians were A. Shattuck, M. D.; L. M. Kenyon, M. D.; A. R. Wright, M. D., and A. S Hinckley, M. D.

During the coming year the visiting physicians will be A. Shattuck, M. D.; L. M. Kenyon, M. D., and A. S. Hinckley, M. D.

LV.

Report of the New York State Homœopathic Asylum for the Insane, at Middletown, Orange County.

By GEO. F. FOOTE, M. D., Superintendent.

Incorporated in 1870. Located at Middletown, Orange county, N. Y.

OFFICERS, 1871.*

President.—Robert H. Berdell.

Vice-President.—Frederick A. Conkling.

Secretary.—Carroll Dunham, M. D.

Treasurer.—Peter S. Hoe.

Trustees.—Thomas Hitchcock, Esq., Hon. Frederick A. Conkling, John David Wolfe, Peter S. Hoe, Hon. John K. Hackett, Hon. Richard B. Connolly, Geo. F. Foote, M. D.; D. D. T. Marshall, Carroll Dunham, M. D.; John F. Gray, M. D.; James P. Wallace, Phineas P. Wells, M. D.; Hon. Henry R. Low, Elisha P. Wheeler, Oliver B. Vail, Robert H. Berdell, Homer Ramsdell, Abraham B. Conger, Esq., Hon. J. Stanton Gould, Alonzo R. Morgan, M. D.; Hon. Wm. M. Graham.

Superintendent and General Agent.—George F. Foote, M. D.

* The following amendment of the act of incorporation was introduced into the Senate March 14, 1872. The act of incorporation, in full, is published in the eighth volume of Transactions (1870), page 768.

AN ACT

To amend an act entitled "An act to establish a Homœopathic Asylum for the Insane at Middletown, New York," passed April twenty-eight, eighteen hundred and seventy.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. Section second of the act of the Legislature of the State of New York entitled "An act to establish a Homœopathic Asylum for the Insane at Middletown, New York, passed April twenty-eight, eighteen hundred and seventy, is hereby amended so as to read as follows:

§ 2. There shall be twenty-one trustees to manage said institution, and Frederick A. Conkling, Robert H. Berdell, Elisha P. Wheeler, John D. Wolf, John F. Gray, Peter S. Hoe, C. H. Winfield, Henry R. Low, William M. Graham, Grinnell Burt, John Cowday, Daniel Thompson, Joshua Draper, Charles M. Lawrence, DeWitt C. Jayne, Frederick W. Seward, Charles H. Horton, John S. Peckham, William H. Watson, Moses D. Stivers and Horace M. Paine, shall be trustees from and after the passage of this act. At the first meeting of said trustees they shall draw lots in order to divide themselves into seven classes of three each, which classes shall hold office for one year, two years, three years, four years, five years, six years and seven years respectively; and whenever any vacancies shall occur by death, resignation, refusal to serve, by removal, or expiration of term of office, the governor of the State shall nominate, and by and with the consent of the Senate appoint, proper persons to fill such vacancies; and in case of appointment in place of a trustee whose term

STATEMENT.

The friends of this institution will be pleased to learn that during the past year a farm of two hundred acres has been purchased and paid for.

That a switch of over half a mile in length, connecting the building site with the Erie railway, has been built and put in good working order. This is an important and permanent adjunct, as by it all the building material, coal and other supplies, coming by railway, can be delivered without the additional cost of cartage from the village depot, distant one mile.

That a never failing sufficiency of water has been obtained by a connection with the Monhagen water main, that supplies the village of Middletown. This has been done through an iron pipe, lined and covered with an artificial stone, leaving a way four inches in diameter. The length of this pipe is 2,800 feet, well secured against frost, by being covered in a trench four and a half feet below the surface.

That an excavation for the cellar and basement of the central and executive building, one hundred and seventy-two by sixty-two feet in length and breadth, has been made, the dirt removed being used for grading the grounds, while a good and substantial stone wall, laid in the best hydraulic cement and sand, for the superstructure to rest upon, has been built to near completion, with an area wall in the rear, of like structure, nine feet high by one hundred and sixty feet

has not yet expired, the person appointed to fill the vacancy shall hold only for the residue of the unexpired term. The said trustees shall so manage, conduct, direct and control the affairs of said asylum as to promote and secure the treatment of insane patients therein at all times hereafter, according to the homœopathic system of medical practice; and such trustees shall at all times be subject to removal for cause by the governor.

§ 2. Section fourth of said act is hereby amended so as to read as follows;

§ 4. The financial and other business concerns of said asylum shall be under the direction of said board of trustees hereby named and created. The first meeting of said board shall be convened at Middletown upon written notice signed by Robert H. Berdell, Frederick W. Seward and Joshua Draper herein named as members of said board. And said notice shall be served upon the remaining members of said board by mailing a copy thereof, directed to each of them at their respective places of residence at least eight days before the time of holding such meeting; and at such first meeting and each annual meeting after the year eighteen hundred and seventy-two, such board of trustees, by a majority of the members of said board attending such meeting, shall elect a president, vice-president, secretary and treasurer, who shall hold their office for one year, and until their successors shall be elected. Seven of said trustees shall constitute a quorum for the transaction of business, and a majority of the number present at a meeting shall be requisite to make any order, by-law or regulation respecting the management of the asylum. All other duties, rights and powers of said trustees shall be the same as those imposed by law upon the managers of State Lunatic Asylum at Utica.

§ 3. All or any of the provisions of said act hereby amended, inconsistent with the provisions of this act, are hereby repealed.

§ 4. This act shall take effect immediately.

long. This building, when ready for use, will accommodate some thirty or forty patients, in addition to the rooms designed for executive purposes.

That a storehouse and depot, blacksmith shop and shed, have been built and are in use.

That extensive grounds for a garden and for a fruit orchard, have been prepared for planting.

That a new road, passing along one side of the asylum grounds, connecting them with the village of Middletown, known as Monhagen avenue, has been opened and graded to near completion along the asylum grounds.

That considerable sums have been expended in clearing up, improving and stocking the farm with teams, wagons, carts, plows, and other implements, and that everything is ready for a vigorous prosecution of the work in early spring.

And that all this has been done at an expenditure, in addition to the cost of the farm, of but little over $21,000, including the necessary expenses incidental to organization, traveling, collecting, insurance, interest, taxes, etc., etc.

The following statement of receipts and expenditures will show a healthy condition and encourage the friends to continue their generous co-operation in helping to complete and put in active use this much needed institution.

Financial Report Presented December 1, 1871.

The superintendent respectfully reports to the trustees of the State Homœopathic Asylum for the Insane at Middletown, New York, and to its contributors:

That there has been expended in the purchase of the farm for the site and uses of the asylum, containing about 200 acres..	$34,816 00
In labor and improvements upon the farm and garden, raising and hauling stone for the building.....	2,618 84
For farm stock and implements	2,051 70
Upon constructing a railway switch connecting the building site with the Erie railway.....	1,770 29
Upon the introduction of water.....	2,155 73
Upon Monhagen avenue.....	338 95
Upon excavating the cellar, filling and grading the grounds	1,643 76
Upon masonry and stone work, including cutting and laying the stone for the basement and area walls as far as completed and the cutting of about 200 feet of water table.....	3,481 37

Upon building account, to which has been charged expenses for hardware, tools, blacksmithing, freight, cement, lumber, storehouse, blacksmith shop, insurance, taxes and repairs	$2,572 50
Upon expense account, from October 1, 1868, including incidental, traveling, stationery, printing, etc., for over two years	2,664 72
Upon architect	175 00
Upon salaries, time-keeper, accountant and overseer	600 00
Superintendent	1,457 50
	$56,346 36
There has been collected by contributions, ball, public readings and concert	$40,713 73
From the State	44,000 00
	$84,713 73
Leaving a balance in the treasury of	28,367 37

The annual meeting of the Board of Trustees is held on the third Thursday in June of each year. The Trustees hold office seven years, unless when appointed to fill vacancies, in which case during the unexpired term only.

List of Trustees and Term of Office.*

A. R. Morgan	P. S. Hoe	J. D. Wolfe	1872
Grinnell Burt	J. F. Gray	W. M. Graham	1873
J. M. Smith	F. A. Conkling	D. D. T. Marshall	1874
Daniel Thompson	Horace M. Paine	R. H. Burdell	1875
Carroll Dunham	Joshua Draper	Chas. H. Horton	1876
Moses D. Stivers	P. P. Wells	E. P. Wheeler	1877
H. R. Low	A. B. Conger	John Cowdry	1878

* Corrected April, 1872.

LVI.

Hospital Report of the Five Points House of Industry, Ending March 1st, 1871.

By B. F. JOSLIN, M. D.

Medical Board, 1871.

Attending Physicians.—B. F. Joslin, M. D.; H. C. Houghton, M. D.; St. Clair Smith, M. D.

Resident Physician.—Charles A. Church, M. D.

Hospital Report.

During the past year we have experienced the advantages of our increased hospital accommodation. We have been enabled to separate different classes of disease, and have not feared to admit diseases of a decidedly contagious character, as our ward for such cases is so isolated as to prevent the contagion from spreading to other inmates of the hospital, or to the well children in the house. Another year of total exemption from small-pox or varioloid gives us great reason for thankfulness for and confidence in the great discovery of Jenner, vaccination.

Nearly seven years have elapsed since a case of small-pox or varioloid has occurred in this institution. Two hundred and twenty-three children were vaccinated during the past year, making a total of forty-two hundred and ninety vaccinations in ten years.

The past year has been one of remarkable health in the House of Industry; the only disease of an epidemic character prevailing during the current year being measles. This commenced in February, and forty cases occurred. Several were dangerously sick, and one proved fatal. Four cases of typhus, five of typhoid and eight of relapsing fever were treated. One of the cases of relapsing fever died; the other fever patients recovered.

A little child brought to our hospital with constitutional syphilis, had gangrene of mouth with measles, but fortunately recovered. This child was found destitute, in a garret, with his clothes frozen around him. This instance will give some idea of the class of patients with whom we have to deal, and will show that we have

great reason for thankfulness that we experience no greater degree of mortality. In all, five deaths have taken place. Besides those previously alluded to, one was from marasmus, one from tubercular meningitis, and one from gangrene.

The tabular statement will show all the different diseases treated.

One hundred and fifty-five teeth were extracted.

Dr. Joslin made thirty-three visits to house.

Dr. Houghton made twenty-one visits to house.

Dr. St. Clair Smith, who has ably filled the position of resident physician for two years, leaves the house for a residence and private practice in Brooklyn, but retains his interest in this work, and takes his position as one of the attending physicians.

Dr. Charles A. Church will be resident physician for the coming year.

Tabular Statement.

Name of Diseases.	No. of cases occurred.	Sent to hospital.	Treated at house.	Died.	Name of Diseases.	No. of cases occurred.	Sent to hospital.	Treated at house.	Died.
Typhus fever	4	....	4		Otalgia	2	.....	2	
Typhoid fever	6	1	5		Odontalgia	36	.....	36	
Relapsing fever	9	1	8	1	Parotitis	13	.....	13	
Remittent fever	1	....	1		Sore throat	2	.....	2	
Intermittent fever	16	2	14		Ulcerated throat	1	.....	1	
Simple continual fever	18	....	18		Tonsillitis	3	.....	3	
Measles	40	....	40	1	Diphtheria	2	.....	2	
Varicella	3	....	3		Gangrene of mouth	1	.....	1	
Erysipelas	8	....	8		Acute catarrh	32	.....	32	
Eruptions in general	108	....	108		Cough	10	.....	10	
Furunculus	2	....	2		Aphonia	1	.....	1	
Abscesses	13	....	13		Laryngitis	3	.....	3	
Ulcers	3	....	3		Bronchitis (acute)	17	.....	17	
Scald	1	....	1		Bronchitis (chronic)	1	.....	1	
Injuries in general	10	....	10		Pneumonia	4	.....	4	
Scrofulosis	4	....	4		Phthisis pulmonalis	4	.....	4	
Congenital syphilis	1	....	1		Hæmoptysis	1	.....	1	
Marasmus	1	....	1	1	Pleurodynia	5	.....	5	
Rachitis	1	....	1		Cardialgia	1	.....	1	
Enlarged glands	3	....	3		Endo-carditis (rheum'ic)	1	.....	1	
Morbus coxarius	1	....	1		Gastralgia	1	.....	1	
Periostitis	5	1	4		Gastric derangement	22	.....	22	
Necrosis	1	....	1		Colic	2	.....	2	
Panaritium	8	....	8		Enteritis	2	.....	2	
Paronychia	3	....	3		Constipation	2	.....	2	
Alcoholism	5	....	5		Diarrhœa	19	.....	19	
Synovitis	1	....	1		Dysentery	4	.....	4	
Rheumatism	11	....	11		Prolapsus ani	3	.....	3	
Hysteria	1	....	1		Jaundice	1	.....	1	
Neuralgia	1	....	1		Hepatalgia	1	.....	1	
Cephalalgia	16	....	16		Congestion of liver	2	.....	2	
Congestion of brain	3	....	3		Hepatitis	3	.....	3	
Cerebro-spinal meningitis	1	....	1		Gangrene of vulva	1	.....	1	1
Tubercular meningitis	1	....	1	1	Enuresis	1	.....	1	
Apoplexy	1	1	....		Weak spine	1	.....	1	
Epilepsy	2	....	2		Alopecia	1	.....	1	
Ophthalmia	109	....	109		Amenorrhœa	2	.....	2	
Hordeolum	2	....	2		Sciatica	1	.....	1	
Otitis	1	....	1						
Otorrhœa	11	....	11			654	5	649	5

Recapitulation for 1870 and 1871.

Total number of cases	654
Sent to hospital	5
Treated at house	649
Died at house	5
Prescriptions	4,317
Visits by Dr. Joslin	33
Visits by Dr. Houghton	21
Vaccinated	223

LVII.

Report of the Hahnemann Hospital.

By F. SEEGER, M. D.

Organized September 7th, 1869. Located on Fourth Avenue, between Sixty-seventh and Sixty-eighth Streets.

Officers, 1871.

President.—Hon. Hiram Calkins.

Vice-Presidents.—Hon. D. D. T. Marshall, Wm. Radde, Esq.

Treasurer.—John Davidson, Esq.

Board of Directors.—Hon. Hiram Calkins; Hon. D. D. T. Marshall; B. F. Bowers, M. D.; John Davidson, Esq.; Lewis Hallock, M. D.; F. W. Hunt, M. D.; Rev. R. M. Stratton, Wm. Radde, Esq.; C. E. Blumenthal, M. D., LL.D.; M. H. Chambers, Esq.; Alanson T. Briggs, Esq.; Hon. R. A. Storrs, E. H. Kent, Esq.; J. M. Bundy, Esq.; Hon. H. C. Brown; Gen. J. K. Averill; Hon. C. C. Pinckney.

Chief Physician.—F. Seeger, M. D.

Medical Board.—F. W. Hunt, M. D.; B. F. Bowers, M. D.; F. Seeger, M. D.; C. E. Blumenthal, M. D., LL. D.; L. Hallock, M. D.; A. P. Throop, M. D.; H. Muhr, M. D.

Surgeon.—Wm. Tod Helmuth, M. D.

Consulting Medical and Surgical Board.—E. E. Marcy, M. D.; R. McMurray, M. D.; W. H. White, M. D.; M. Freligh, M. D.; A. Reisig, M. D.; S. Lilienthal, M. D.; J. F. Gray, M. D.; J. Beakley, M. D.; G. E. Belcher, M. D.; E. Guernsey, M. D.; H. D. Paine, M. D.; C. Th. Liebold, M. D.

Hahnemann Hospital Clinical School.

Regular Faculty, Session of 1871 '72.

Chairman.—F. W. Hunt, M. D.

Surgery and Surgical Pathology.—Wm. Tod Helmuth, M. D.

Clinical Medicine.—S. Lilienthal, M. D.

Diseases of the Mind and Nervous System.—F. W. Hunt, M. D.

Diseases of Children.—W. Wright, M D.

Diseases of the Nasal Cavities, Throat, Lungs and Heart, with Laryngoscopy, Rhinoscopy, and Physical Diagnosis.—F. Seeger, M. D.

Diseases of Women.—A. P. Throop, M. D.

Adjunct to the Chair on Surgery and Surgical Pathology.—A. S. Bayliss, M. D.

Assistants to the Chair on Surgery and Surgical Pathology.—H. N. Dunnel, M. D.; H. M. Jernegan, M. D.; A. J. Richardson, M. D.

Petition to the Honorable the Legislature of New York.

The undersigned, directors of the Hahnemann Hospital of the city and State of New York, respectfully petition your honorable body for an appropriation of thirty thousand dollars in aid of the building fund of this hospital.

They would beg to base their claims for your favorable consideration upon the following facts:

I. This is the only homœopathic hospital in the State of New York.*

II. Other hospitals, not under homœopathic administration, have received and are constantly receiving aid from the State.

III. Homœopathy is now fully recognized as an advanced and scientific system of medicine, and *a large* body of the citizens and taxpayers of the city and State of New York, adherents and followers of its principles, are now wholly unprovided with the usual facilities for hospital treatment, which are so freely afforded to those of their fellow-citizens believers in the old school system of medication. The board of management would briefly call your attention to the several arguments advanced. Of the first, that *this is the only** homœopathic hospital, we can but say that it carries within it almost the entire conviction of the necessity for a homœopathic hospital. To quote from the editorial of a prominent morning journal of extensive circulation: "There is no more justice in requiring a poor person who prefers homœopathic treatment to put himself under allopathic hands, than in compelling allopathists to submit to homœopathic prescriptions." (*N. Y. Sun*, April 8th, 1870.) Similar sentiments were expressed in editorials in the *New York Herald, Evening Post, Evening Mail, World, Times*, and others of the more influential journals. What a true act of justice it would be to provide a homœopathic hospital, may be seen from the fact that the homœopathic dispensaries

* At the present time (April, 1872) there are several other homœopathic hospitals in the State.

in New York city treat, annually, over forty thousand poor sick; that out of this number there must be many who require the care of a hospital, must be evident to your honorable body. Let us imagine ourselves in the place of these sick poor and consider what our feelings would be were we obliged to submit to a matter so palpably unjust. The second and third propositions are self-evident. It is notorious that the more influential portion of our community are unreservedly in favor of homœopathy.

Earnestly and with the greatest respect we place our petition before you, feeling as we do all confidence in your desire for justice.

Extract from the New York Sun, March 20, 1871.

A petition has been presented to the Legislature asking for a grant to aid in the erection of the new Hahnemann (homœopathic) Hospital. Dr. Seeger, the medical director of this hospital, states in his report that there are now six applications for admission to the present small hospital in East Fifty-fifth street, to every one that can be taken. The petition is signed by Peter Cooper, Marshall O. Roberts, Gen. McClellan, Mayor Hall, David Dudley Field, J. J. Astor, Horace Greeley, County Clerk Loew, Sheriff Brennan, William Cullen Bryant, and many other of our important citizens. Petitions from every county in the State are also coming in. The charity is a most deserving one, and will, we trust, receive due consideration from the Legislature.

From the New York Times, Dec. 5, 1870.

The Hahnemann Hospital—Reopening—The Coming Ball.—Among the numerous charities of our city the Hahnemann Hospital occupies what may be termed an isolated eminence, from the fact of its being the only institution where the poor can obtain homœopathic hospital accommodation. When, early in the fall of 1860, the present medical director called together the most influential of his *clientèle* and friends, as well as his professional brethren, many held aloof, believing that with the large claims made upon the charitable public by the numerous existing institutions, it would be a matter of great difficulty to establish still another. Undaunted, the energetic founder took the ground that the poor of this large city should and must have a place where they could obtain homœopathic hospital treatment, if their belief made them desirous of it. The second and third floors of the North-eastern Homœopathic Dispensary, in Fifty-fifth street, near Second avenue, were obtained and fitted up. At

first, fifteen beds were placed, but for good reasons the number was subsequently reduced to ten. During the summer just passed, the hospital was closed for several necessary alterations, and was on the 15th of September reopened; since which time thirty patients have been admitted. The charities and benefits are not narrowed to any sect or nationality, but it has received as the hospital records show, Americans, Germans, Hebrews, Irish and French. The Legislature last year made the hospital a grant of $20,000 in the State charity bill, on condition that an equal sum be raised by private subscription and expended in the erection of a new building. This new building is to be located on twelve lots granted by the city, on Fourth avenue between Sixty-seventh and Sixty-eighth streets. Dr. Seeger gave his services from the time of founding to the first of October of the present year, at which time he requested a salary, simply to turn it in the building fund, and thus aid in the success of the great work. A number of other subscriptions are signed, but there is yet a large sum required to complete the amount required by law. As one of the means of obtaining funds, the Ladies' Aid Society of the hospital have made arrangements for a select ball at Delmonico's on the 15th of this month. We need but mention a few of the names of those interesting themselves in this ball: Mrs. C. E. Vandeveer, Mrs. William P. Earle, Mrs. Hiram Calkins, Mrs. J. J. Roosevelt, Miss Carrie Peet, Mrs. Royal Phelps, Mrs. J. O. Rhines, Mrs. Harry Earle, Mrs. A. C. Barrford, Mrs. Alexander T. Stewart, Mrs. Vanderpool, Mrs. Honeywell, Mrs. Raymond, Mrs. F. Seeger, Mrs. Mayor Hall, Mrs. Julia Gaudby, Mrs. R. C. Hutchings, Mrs. F. F. McDowell, Mrs. Wilber, Mrs. Judge Leon, Mrs. E. H. Kent, Mrs. Geo. Kellock, Prof. Battenhaurea, Drs. Marcy, W. H. White, John F. Gray, Dr. Seeger, Dr. E. Miner, Dr. Fullgraff, Dr. Millard, Dr. Guernsey, Dr. F. W. Hunt, Mr. Wm. Radde, Mr. E. V. Loew, Hon. Chas. E. Loew, Judge Barrett and lady, and a numerous list of our wealthiest and most select society. The tickets have been in such extraordinary demand that at one time a proposition transferring the ball to the Academy of Music was entertained. This idea was, however, abandoned.

From the New York Times, Dec. 18, 1870.

The Hahnemann Hospital Ball.—The ball given by the Ladies' Aid Society in behalf of the building fund of the Hahnemann Hospital, which came off at Delmonico's on Thursday evening, was a greater

success than ever previously reported. Fully $3,000 has been realized by this festive affair. But better than that, the interest manifested in this charitable and praiseworthy undertaking has been so well developed that there is now no shadaw of uncertainty on the part of the friends of the enterprise that the entire sum required can be speedily and easily made up. All the friends of homœopathy—and their names are legion—will feel peculiarly gratified by this proof of popular approval, and it will imbue them with new energy in its behalf. Too much credit cannot be given to Dr. Seeger, for his untiring efforts to make this hospital enterprise successful, but he has at least the pleasure of knowing that his labor has not gone for naught.

Extract from the New England Medical Gazette.

The New York Hahnemann Hospital.—This institution which has been in operation for more than a year, in the upper stories of the North-eastern Homœopathic Dispensary, has the prospect of a wider field of usefulness. The Legislature of the State has authorized the Commissioners of the Sinking Fund of New York to grant the hospital a building-site. It voted also $20,000, on condition that its friends contribute an equal sum. The city has granted $10,000 towards the maintenance of the institution. This corporate munificence is meeting a worthy response from the homœopathic profession and laity in the city. A Ladies' society in connection with the hospital has had some brilliant reunions. A ball given January 10, proved a most thorough success.

Frank Leslie's Illustrated Newspaper, for Jan. 28, gives a picture of the dispensary, in East Fifty-fifth street, and commends the success of the hospital, particularly in cases of insanity. But the whole of its space, present or prospective, if given up to the insane, could do little toward meeting the excess of demand over supply for the comfort or cure of this wretched class, which over-fill every institution in the State—fit and unfit—which is opened to their reception. The homœopathists of the Empire State must not delay to secure the $150,000 voted from its treasury, by raising a similar sum for their State Insane Asylum.

REPORT OF THE BUILDING COMMITTEE OF THE BOARD OF DIRECTORS OF THE HAHNEMANN HOSPITAL.

Presented by F. SEEGER, M. D., Chairman.

Mr. President and Gentlemen.—As chairman of the building committee, appointed by you as the board of management of the Hahnemann hospital, it is my duty to present to you the conclusions arrived at and adopted by your committee.

Before we enter upon the direct consideration of the duty intrusted to your committee, a brief glance at the past history of hospitals, both anterior to and after the advent of the Christian era, will prove an interesting preparatory. There is no brighter page in the history of Christian civilization than the growth, development and propagation of the system of hospital protection for the suffering sick. If we but glance at, or stop to consider for a moment, the immense number of patients treated annually in the hospitals of the world, the very thought is sufficient to make us grateful for a civilization, a Christian influence, which brings with it so much that is humanizing. Hollow as this same civilization has been said to be; full of sorrows and misery from the errors which have been wrought by false expounders; sorrowful and full of heart's anguish as some are, when they consider that which we term civilization; yet this same civilization, when we look at the great influence it *has* exerted for the alleviation of the miseries of our sick and unfortunate brethren, as wrought through the system of hospitals, softens our bitterness, and melts us into that same condition from which our civilization derives its name. It removes from the heart that hatred of a world which has caused us so much of anguish, sorrow (and hatred), and brings into its place a more Christian spirit. Though we cannot but acknowledge *the defects* of a civilization which carries with it so much of poverty, suffering, wrong and misfortune, and which necessitates this same system which we are commending, yet we must accord admiration and gratitude to that which is intended to alleviate what we cannot cure. Be the creed of the physician what it may, every *true* member of the profession recognizes it as a paramount duty to alleviate, to lighten suffering, pain and misery, where it is not in his power to cure or remove. Throughout the grand profession of medicine we find in each member this same broad spirit of catholicism, of philanthropy, of love for his fellow men. Where it is not in the physician, or one calling himself such, there you will not find the true devotee to his calling. A profession which claims alliance so

close to our great common Head, the greatest Healer, the Almighty Physician for all ailments, must, that it may be true to itself and its calling, adopt and hold dear this Christian spirit. He who permits creed or theory to incline him otherwise, certainly has mistaken his duty in life.

Pardon me, Mr. President and gentlemen, if the enthusiasm of one who has devoted himself to this profession, and to this same hospital system, carries me away for the moment. We have but for a moment to consider the extent of suffering which is softened and removed by this system. It is eminently and truly an outgrowth of Christianity, and I feel bold to say, that with the growth of the Christian, philanthropic spirit, its perfection will become assured.

Hospital originally signified a refuge or protection. *Hospitale*, *Hospitium*, from *Hospes*. (Sospes referred to it, *Martinii Lexicon Philolog.*) *Hospitium, publicum gratuitum; hospitium ptocheum, ptochotropheum.* Here we have the application, meaning in the first, a free public hospital or refuge, and in the second, a hospital for sick poor. (πτωχοδοχετογ —— πτωχοτροφεῖον, τὸ (for poor). —— νοδοχομεῖον, το (for sick.)

We will now briefly cast our eye into the history of our subject, as we find it in the Orient prior to the advent of our present dispensation. We find the sick poor, wearily and painfully dragging themselves to the public gates and gathering grounds, or to the city temples, imploring and entreating relief from the passers by. We often find the compassionate taking up the beds with the sufferers and removing them to conspicuous places, where the passers by might have the opportunity of bestowing upon them sympathy, advice and relief. Numerous scriptural passages bear us out in this.

Greece, the ideal of the classical world, possessed its Asclepiades at Cyrene, Rhodus, Cnidos, Cos, and at other places institutions somewhat comparable to our dispensaries or cliniques, which were intended for the education and instruction of physicians.

For the sick and suffering who congregated at these places, there was so little provision made, that we read, as was told to Pausanius by one of those in charge of a temple, many died in the open air, with no protection from weather or season. Even the splendid, magnificent Athens, in the age of Pericles, had neither a public sick house or hospital, nor public provision of any kind for the sick, at the time of its devastation by the pest, at the commencement of the Peloponnetic war. Without mercy, and unsparingly, the pest struck

down and carried off the very flower of Greecian youth and strength, gathered in the vast armies, collected within the walls of Athens, and intended for operation against Epidauros. Pericles himself, in the act of placing the death-crown upon the brow of the last remaining of his sons, and overpowered as he was by grief, was stricken down. No one, however, thought of hospitals; not even a provisional care of this kind was inaugurated, all showing how foreign from the thoughts of the age was anything of this nature. (*Plutarch's Biography of Pericles.*

The same dearth in respect to hospitals prevailed in Rome, unless we are inclined to speak of the temple of Æsculapius. This was located in the Tiberian island, which was connected with the city, through the bridges Pons Fabricius and the Pons Cestus. This was intended for the reception of old and infirm slaves. If we search the history of ancient Carthage, the same blank dreariness is presented to us. Nowhere in ancient history, speaking of the pre-Christian period, is the eye refreshed and the soul's yearning gladdened with the evidences of provision for the sick.

We will now make a forced stride and pass to the dawning of Christianity, and with it the dawn of relief for the sick poor. Dr. Maximillian Schmidt, Chief of the Royal Prussian Staff, Knight, etc., etc., in an address delivered in Gotha, last year, says: "Whilst the ancient priest-religion erected temples but to the gods, the new religion of brotherly love, next to its domes and cathedrals, erected schools, houses for the poor, the widowed and the orphaned, and hospitals for the sick, as an additional offering to the cause of humanity.

In doing this she cast upon the earth a searching illuminating sunbeam, awakening and freeing from the darkness of ignorance, disease and slavery, the benighted masses of men."

Already the earliest writers of the first few centuries of our Christian era bear testimony to the devotion, the self-sacrificing earnestness, tenderness and care which the early Christians brought with themselves to the sick bed. A devotion which *nothing checked;* neither the fear of disease nor death could deter them from what they conceived their Christian duty. What a bold, grand contrast does this present to the darkness of all before!

In the account of Dionysius, Eusebius and Cyprian, of the pest epidemics which raged during the reigns of the Emperors Galens and Gallien (252) in Alexandria and the northern portion of Africa, we find this contrast between the old heathen neglect and the Christian

care most nobly illustrated. While on the part of the heathens, those stricken with the disease were forsaken and abandoned, leaving their nearest and dearest of kin, even though dying, and while they cast their dead on the streets, and often those but half dead, leaving them unburied, the Christians presented what we may term a true Christian spirit of love and brotherhood. They tended, nursed and protected the stricken, tenderly closed the eyes and mouth of the dead, buried them with all respect and love, and often they followed those for whom they had helped to perform the last rites, by becoming victims of their heroism to what they conceded to be a duty (Neander, Geschichte der ersten Christlichen Jahrhunderte). It is about this time (325) that we find the first efforts for hospitals for the sick poor were made. We find the Council of Nicæa (325) establishing rules and promulgating laws for the guidance of hospital heads. We even find the Empress Helena placing herself with her princely daughters and the ladies of the court at the head of the establishments for the care of the sick poor. The world-renowned basiliade, erected between 370 and 379, now comes before us. It contained well-arranged and prepared houses and streets, all with the ultimate design of their usefulness in the care of the sick. The sick received the care of the monk physicians and of nurses. A sort of city missionaries, the Parabolina, were detailed for the duty of entering the houses of the sick, in the cities, and of removing them to the hospitals. This institution was heavily endowed with lands by the Emperor Valens. It was after this pattern that many hospitals were erected even as far as Bithynia and Mesopotamia.

It matters little how much the Byzantine empire subsequently fell into decay, a fostering care was always rendered to the hospital system; we have this shown in the erection of the Orphano Tropheum, by Alexius I. (1081—1118.) It was located directly surrounding the church of St. Paul, in Constantinople, and was capable of accommodating over ten thousand needy and sick. Schmidt, speaking of this says: "Here, it may be, that the emperor's celebrated and equally talented daughter, Anna Comnena, acquired the knowledge which subsequently enabled her to preside over the deliberations of the council of physicians, consulting over the sufferings and disease of her father."

No less energy than was shown by the Byzantine court, was displayed by the apostolic chair at Rome. Already in the eleventh century we find twenty-four hospitals intrusted to the charge and man-

agement of the Diakones, and many of the females who acted in the capacity of nurses, sprang from the proud families of the Fabricians, Emilians and Scipios. "The system now developed rapidly, especially about the time of the Crusades. According to the accounts left us, the entire route from Chalcedon to Jerusalem was covered with 'care towers' which, in the day, from their height, and at night through fire beacons, served as guides to the devoted and pious wanderers. At inhospitable localities, at difficult-water passes, and at the entrance and exit of deserts, hospitals sprang up, serving doubly as resting places for weary pilgrims and as refuges for the sick. At the end of the *via sacra* stood the hospital of Jerusalem. Similar in its extent and plan to the basiliade, it is reported to have had a daily average of about two thousand sick."—*Schmidt.*

From this time on, the history of the hospital system shows us a rapid development in all Christian countries, fostered and developed as it was through the influence of the church.

As the starting point of this series of commendable foundings of the church of the middle ages, we may take the hospital founded by Innocent III (1204). It was located in the Leonine portion of Rome, between the Tiber and the Vatican, and was known as the Hospital di Santo Spiritu. In this hospital, which had afterward been enlarged by Sixtus IV and Alexander VIII, there were one thousand beds for the sick, to which, subsequently, the further enlargements of Benedict XIV and Pius VII, added an additional six hundred beds. In the foundling department of this hospital fifty wet-nurses were constantly employed, and five hundred boys and the same number of girls were reared in this department. Vosari tells us that in the dead vaults of this hospital Michael Angelo spent many a night in anatomical study.

The wealth of some of these hospitals was very great; thus, for instance, the hospital La Casa Santa di Santa Maria Anunciata, in Naples, expended the sum of 263,000 ducats in the erection of its church, under the superintendence of the world-renowned builder of the royal Castle of Caserta, Ludovico Santivelli, and had it decorated by the first artists of that time.

Schmidt, in his address, gives us a picture of the hospital management, and the condition of these institutions at this period:

"Shut out from the outer world through walls and artistically wrought gates and beautiful doors, rises before us the hospital system of the middle ages, surrounded by landscapes of gardens and terraces;

often it resembles a fortified city, part inclosing a church, with several palaces and numerous surrounding gardens and walls. These gardens are planted with shade-giving trees and close shrubbery; bubblingly rise, in their midst, springing fountains, from artistical and beautifully made basins. All around the building, on the several floors, are balconies, perfect art specimens in themselves, and under their protecting covering and shade the convalescent sick, and those able, promenade or rest on settees. In the building itself a large stairway, rising with low steps, leads us up; its lowness in ascent making easy and comfortable the up-journey of the weak and infirm sick. Corridors, stairways, the large conference halls and wards are adorned with life-size paintings, marble busts, sitting or standing statues, intended to perpetuate and do honor to the great benefactors of these houses of mercy. Or, here and there, a painting brings near to the heart the comforts of religion; Lazarus, the merciful Samaritan, the awakening of the daughter of Jairus; the cure of the leper, the rising of the Lord, etc., etc. In the high spacious wards we find at one end an altar with the crucifix. The beds of the sick are surrounded by white hangings; between each two and sunken into the wall are marble wash-basins. Over the entire hospital hangs and is perceptible everywhere, the pervading influence of the church, whilst on its topmost spire rises the cross."

The chief difficulty of the hospital system of the middle ages, was the want of scientifically educated physicians; this, however, as Schmidt says, does not fall to the blame of the institutions themselves, or to the system, but lay in the low standard of the healing art of the time.

We will now pass to the period of the reformation. We will not attempt to follow this subject very closely. I have already taken up more of space and time than was originally intended for this part of my investigations. Suffice it to say, that with the growing liberalism, and scientific and educational development, with renewed activity of medical studies, the hospital system gradually found its way from the exclusive church character it had previously worn, to that to which it naturally belonged.

Surrounded with charms as was the picture of the primitive hospital system of the church, with its celebrated paintings from the master hands, its sculptured representations of men and things, its æsthetic beauties, yet so far as concerned the actual practical utility of the institutions, as regards the aim intended, we find a low stan-

dard. If we look at the endeavors of our present hospital system, we find an all-pervading desire for utility, paramount to all of that which we may term the æsthetic. It is an earnest striving for an end, the alleviation of suffering, paramount to all else; and this to be accomplished by all the intelligence furnished through the careful study of the subject. Commodious space, comfort, plenty of air, its constant renewal and consequent purification; abundance of light; appropriate diet; in short, a careful, conscientious, and I may say ambitious study of hygienic, dietetic and other essentials. In the hospitals of our period we at once meet a conscientious desire for the good of the patient. In all directions the water, air, heating and illuminating arrangements are constructed. We find well-arranged bathing, washing and cooking apparatus. Latrines carefully constructed for prevention of atmospheric contamination; dispensary, lecture and operating theatres. Cleanliness on all sides. Oiled and hard walls against infection. In the various wings and departments lie the sick, methodically classified according to diseases, age, sex, etc. Aided by such perfection of arrangement and system, our first and foremost masters of the healing art cure and teach, assisted by younger physicians and a well trained corps of nurses, matrons, etc., etc. The onward progress, the latest discoveries and developments of physics, chemistry, pharmacy, of microscopic and pathological anatomy and physiology, of pathology and therapeautics, of surgery, obstetrics, as also individual, advanced specialties, here find their application, for the aim and object, in so far as human comprehension and power will permit, to accomplish the three great cardinal purposes of the science of medicine; the discrimination and cure of diseases, to save and prolong human life, and to alleviate suffering. It is in these institutions that the young student, ambitious of membership in the grand profession of curing, has the opportunity of obtaining the accumulated wisdom, observation and experience of the sick bed. From here he takes out with him into his life-duties of battling with human ailments, the accumulated knowledge of the giants in the art. It is in this that one of the most glorious combinations of science and practical learning is presented to the student of the present time, an advantage and benefit for which we have to thank the progress and development of the hospital system, engendered by our progressive age, and, I may add, progressive tendency in medicine and its collateral sciences.

We now come to the consideration of the many requisites conse-

quent to a perfect hospital. We have briefly and imperfectly glanced at the past with its imperfections. Let us look into those developments which are essential to a well-arranged hospital, one adapted, as far as human ingenuity and ability can make it, for the purposes intended.

The attractive force of large cities, causing the settling and gathering of large bodies of human beings, and with its constant tendency to still further increase, is a most prolific source of the necessity for hospitals in large cities. The shortcoming hygienic conditions of our commercial industries of all kinds, of factories, workshops, homes, etc., all act prejudicially to the healthy state of our working population and classes. It is from this source that the constant increase in the yearly roll of our hospitals finds an explanation. With the increase in the number requiring such care, comes also the necessity for further hospital accommodation.

What is Involved in the construction of a Hospital?

We now come to the consideration of the question of the construction of modern hospitals.

One of the necessary results following the erection of buildings of any kind, is the inclosure of a certain quantity or amount of air. It becomes as it were shut off from the outer air, and its removal is entirely and absolutely contingent upon the perfection of the means employed for the constant renovation of the internal air. A second consequence is the exclusion of light. How necessary purity of air and abundance of light are to health, and especially to hospital sick, the researches of science and of common sense teach us. Especially prominent does the necessity of atmospheric purity become in hospitals. Within the walls of buildings of this kind often are gathered large numbers of human beings, whose presence is a constant source of atmospheric contamination. It is well known to us that the gathering of large numbers of human beings within inclosed spaces serves as a prominent cause of disease. When with this we take into consideration the necessity of heating and warming, of illumination at night, and of the various other necessities connected with hospital buildings, we have before us at once a difficult, onerous and trying, as well as a most noble task. The object and aim sought is the reduction of all these injurious results to their minimum effect, if not absolute prevention.

Hammond, in his *Treatise on Hygiene*, aptly and truly says, that "unlike other habitations—with the exception of prisons—the

inmates are incapable of going out to obtain the fresh air and light. They must submit to the conditions in which they are placed, and if these are such as are inconsistent with the requirements of sanitary science, the evil falls upon them with much greater force than upon those able bodied persons who, though they may reside in insalubrious habitations, are within their walls but a small portion of the day.

"Moreover, in hospitals, numbers of sick persons, sometimes several hundreds or even thousands, are brought together, affected with every imaginable disease or injury, and oftentimes with their bodies and clothing contaminated with the excretions and filth which have accumulated or been absorbed through their neglect of the simplest habits of cleanliness, and thus influences are at work tending still further to add to the pathological conditions in which the inmates are placed."

As one of the first steps in the consideration of this portion of our subject we have "locality," or "site," to consider. In Circular No. 6, War Department Surgeon-General's office (*Reports on the Nature and Extent of the materials available for the preparation of a Medical and Surgical History of the Rebellion*), we find this subject considered in an order of the late Mr. Stanton, at the time Secretary of War: "The site of the hospital should be a well-drained plain, with a subsoil of gravel, and sufficiently extensive to accommodate the buildings. The situation should be elevated; as remote as possible from marshes or other sources of malaria, and must have a convenient supply of pure water." In addition to this we have, in cities, other essentials to consider. It should always be an object to secure a locality insuring the greatest possible freedom from noise, bustle, and similar disturbance. The vicinity of manufactories, from which noxious vapors and gases are given out, or of localities in which decomposition of animal or vegetable matter is going on, are matters for avoidance. Consequently, we have to avoid the neighborhood of slaughter-houses, tanneries, manure factories, market houses, graveyards, bone-boiling establishments, etc. The neighborhood of rivers, canals, ponds, marshes, the openings or mouths of sewers, and similar places which may give rise to malarious emanations, or those due to the decomposition of organic matter, should also be avoided.

In order to secure a good drainage, the ground should be elevated; in addition to this, we are well aware that elevated situations are more healthy than low, from the freer circulation of air which is by

elevation insured. In sites which are situated low, there is more or less stagnation of the air always consequent, which, as has been said, is not the case in high locations. Low localities have also the disadvantage of being damp, and of malarious influences. High localities, on the other hand, are susceptible of good drainage, and they are much less exposed to the influence of malaria. We have the bad effects of a disregard of these precepts illustrated in the case of the hospital of the Guards' recruiting barrack at Croydon (*Report of the Commission on Barracks and Hospitals*). This hospital is in a low, damp situation, and was, till recently, exposed to nuisance from a sewage manure manufactory, pig-sties, etc., and cases of simple fever received into it were found to pass into typhus, or to linger for months, after, to all appearances they ought to have recovered.

The character of the soil becomes an important point in the consideration of drainage. When the subsoil consists of clay and consequently permitting the presence of extensive moisture, this becomes a condition meriting our careful attention. The important part sustained by subsoil moisture in the production and prevalence of certain epidemic and infectious diseases, has been a subject of extensive investigation by many of our most distinguished scientists. Pettenkoffer (*Boden und Grundwasser in ihren beziehungen zu cholera und typhus*, Erweiderung auf Rudolph Virchow's Hygienische studie "Kanalisation oder Abfuhr," von Max von Pettenkoffer, München, 1869), on the subject of the influence of soil moisture with reference to the frequency of typhus, cholera, etc., presents much of interest. The limits of this report will not permit my entering into any reproduction or translation of Pettenkoffer's researches. Virchow (*Ueber die Kanalisation von Berlin*—Gutachten der Königlichen wissenschaftligen Deputation für das Medicinal wesen nebst einem Nachtrage, Mit Zusätzlichen Bemerkungen von Rudolph Virchow, Berlin, 1868), also touches upon this matter.

The condition of soil, which investigation has shown as the best, is one in which the subsoil consists of gravel. "Too much care cannot be taken to examine into the character of the soil and subsoil; for if a site is chosen regardless of the points laid down, disease, either fevers, bowel affections, rheumatism, or catarrh, will inevitably be produced."—*Hammond.*

Now, in so far as the location and soil of our hospital land grant is concerned, I have taken several opportunities for seeking information. The upper strata of this land consists chiefly of clay, inter-

spersed with boulders and rocks. Somewhat deeper the soil consists of half clay and gravel, with the preponderance of gravel. As regards the question of drainage, this can be satisfactorily answered. The sewer pipes of this neighborhood, connect directly with several large main canals, and the proximity of the East river permits the early discharge of the sewer contents. The ground composing the hospital grant is also an elevated portion of the city. It is not like much of the ground not far from it, viz., made ground. In connection with the noisiness of the location, owing to its proximity to the line of the Hudson and Harlem and New Haven railroad tracks, this must be admitted. Yet, I have been assured by the authorities of hospitals, also directly on the line of these railroads, that the annoyance from this source is much less than it is thought to be. Slaughter-houses, tanneries, manufactories, markets, graveyards, factories evolving noxious vapors, or places of any kind where atmospheric contamination, from decay of either animal or vegetable matter is caused, are not to be found anywhere, within some distance of the grant. It is true that the portion of the city in which the land is located is as yet comparatively unbuilt. However, if the prevailing style of buildings erected in the vicinity of our grant, be accepted as an indication, the surrounding neighborhood will be mostly composed of private dwellings, and these mostly of the better or best class. In fact, much of the land in this neighborhood is, I understand, leased ground, and so leased that only private dwellings of the best class, are allowed to be thereon erected. It is doubtful, considering all these points, whether a more favorable site could have been obtained. As has been said, the site is an elevated one. It is within a stone's throw of our beautiful and famed Central park; and on the other side, not very far off, we have spread before us the East river, and a little beyond, the commencement of Long Island sound. The benefits which the neighborhood of the Central Park confers cannot be over estimated. Not only is its influence wholesome with reference to the atmospheric purity, but as a resort for convalescent patients, as a ramble for those recovering from, perhaps, long or tedious illness, it is invaluable. The means of communication from the various portions of the city, also are good. On the one hand, we have the Third avenue horse cars, on the other the Fourth and Madison avenue cars, afford means of direct communication with the lower and upper portion of the island on which our city is built. There is, also, what is known as the Belt line road,

which runs along the outer edge of the city, on both sides, and has for its upper crossing, from one side of the city to the other, Fifty-ninth street.

Having thus briefly touched upon the various questions connected with locality or site, we will proceed to the consideration of the plan of the building itself. In the form and arrangement of a hospital, the necessities of a free circulation of air, and unobstructed light are important points. Without entering into a comparative examination of the features of the numerous hospitals of this city and other cities, we shall proceed at once to the conclusion arrived at by our best informed authorities, as to the value of what is known as the *pavilion system*. In the circular of the Secretary of War (War Department, July 20th, 1864, circular No. 6, Surgeon-General's office), we find this plan officially adopted and commended to the army medical authorities. Hammond (page 330, System of Hygiene), speaking of the general plan of a hospital says: "In building a hospital, the principle is not to be lost sight of, that the sick are to be entirely free from the administrative part of the building. In fact they are to have a separate house for themselves. Reduced to its simplest form, a hospital consists of two parts—the ward and the administration. * * * The principle, therefore, is that the wards form a collection of hospital buildings which center around a nucleus, the administrative department. No other arrangement than that which entirely separates the wards from each other is worthy of consideration, except to receive condemnation. Any other is altogether unfit to meet the necessities of the sick, and affords conclusive evidence that the designer is ignorant of the first requirements of sanitary science. This plan consists in having separate pavilions, built after the model of that already described, and arranged in such a manner as to admit of convenient administration without sacrificing anything essential to the health or comfort of the patients. There are many ways of effecting these objects; and it will be advisable to bring under notice some of the most approved plans of hospitals, both in Europe and in this country."

Dr. Hammond goes on to enumerate a number of hospitals embodying the pavilion system; for instance, the *Lariboisière*, of Paris, which consists of six pavilions, each three stories high; there are one hundred and two beds in each pavilion; the wards on the first floor are seventeen feet six inches high; those of the second, sixteen feet eight inches, and of the third floor sixteen feet four inches. The

cubic space to each bed is thus: on the first floor one thousand eight hundred and sixty, on the second one thousand seven hundred and forty, and on the third floor one thousand seven hundred feet.

The military hospital at Vincennes, and the Blackburn Hospital, near Manchester, England, although embodying the pavilion system, are different in their grouping of the several pavilions or wards.

"Among the German hospitals, the Charité and Bethaney at Berlin, the Allgemeines Krankenhaus and Wiedner Krankenhaus, at Vienna, and the Hospital zum Heiligen Geist, at Frankfort, though not so perfect in their construction as those specially referred to, have some good points about them. As a rule, however, the German hospitals are not to be compared to the French, so far as hygienic considerations go. Most of them are either rectangular structures, or else are so arranged that the wards open in close corridors, like those at Hamburg, Bremen, Rotterdam and Zurich, already cited."—*Hammond.*

The Charité is the largest hospital in Berlin, was founded in 1710, and consists of a number of detached buildings and an administrative building. The departments are divided into thirteen classifications, viz.: department for internal sick, for external, for diseases of the eye, for children, for confinements, for mental ailments, for convulsive affections, for syphilitic, for itch patients, for sick prisoners, for cholera cases, and the gynæcological.

The Bethaney Hospital (*Das Krankenhaus der Diakonisen Anstalt Bethanien, zu Berlin von Th. Stein Konigl. Regierungs und Baurath, Ritter, etc., Berlin*) consists of a main building and two wings, extending backward at right angles; three sides of a square are therefore built upon. It consists of a basement and three stories; the front has a length of three hundred and forty feet and a depth of fifty-two feet; the sides or wings are each three hundred and forty feet in length, and have a depth of fifty-two feet; in the front, or main building, are two domes or spires; the basement is eleven feet, and each of the three stories sixteen feet in height; the entire building is massively constructed of brick blended with a light yellow stone. It will accommodate three hundred and fifty sick, and from twenty-five to thirty nurses and attendants. Altogether, there are forty wards or sick rooms, of which twenty will accommodate from ten to fourteen beds, and twenty from one to five. In the central building, at its middle, is a hall for convalescents, and above this a church large enough to accommodate about three hundred persons.

The various rooms and wards are heated by means of stoves fed with wood and coke; the corridors, entrance passage-ways and the church, by means of steam, led in pipes.

The floors in the corridors and in the rooms of the three floors are of resinous wood, saturated with oil, which from the daily cleaning with cold water has taken on a permanent gloss. The stairways are completely fireproof, constructed of iron and stone, and so constructed that certain portions of the building may be completely isolated from the others in case of fire.

In the basement (south wing) are the servants' quarters, rinsing kitchen, and the engines, boilers, steam pump; in short, the basement floor contains all these different departments of administration which modern hospital science places externally. The dead and dissecting rooms are also on this floor. This is a feature of old hospitals which we find, unfortunately, even copied in hospitals of more modern construction, and even in such as are now in process of construction. At the German hospital in this city, the dead room was originally placed in the basement or cellar floor of the building. Experience and observation soon caused its removal to a small and entirely separate building. In the Roosevelt Hospital, now in process of erection, the same blunder is being repeated.

The first floor is entirely devoted to the administrative department and to student nurses and the attendants generally.

The second and third floors: in the middle of the central building, second floor, front, we have the chirurgical or surgical department. In it is the museum and a complete stock of surgical instruments, trusses, the transportable operating table, etc. An especial operating room was considered unnecessary, and the operations are usually performed directly in the wards. The remainder of the floor contains wards and rooms for male and female sick; rooms for attendants, bathing rooms, latrines and warming kitchens; the same arrangement pertains to the third floor, with this difference, that over the surgical room or museum of the second floor, we have the medical department.

We now come to the description of a ward, or sick room. For example, take a ward containing ten beds; the room is thirty-five feet deep, twenty-two in length and fifteen in height; the room contains eleven thousand five hundred and fifty cubic feet; this was, at the time of construction, double the amount considered requisite; the windows are double, five feet wide and ten in height. As already said,

heating is accomplished by means of stoves. The objections to this mode of effecting warmth are pointed out in another part of this report. A further description of this building is unnecessary; suffice it to say, the plan is one which would not meet the requirements of hospital science at the present time. The entire cost exclusive of the grounds, is not far from $500,000.

There are also a number of other hospitals in Berlin, viz.: the Catholic (or St. Hedwigskrankenhaus), under the management of the Sisters of Mercy. It contains two hundred and fifty beds; the Elizabeth (Krankenhaus) Hospital, owned and under the supervision of ladies—Sick Aid Society; the Clinical Institute, for surgical and ophthalmological; the Jewish Hospital; the Elizabeth Children's Hospital; City Small-pox Hospital, and a number of others. It is unnecessary to enter into a description of these hospitals.

"Among the proposed hospitals, those to be built at Woolrich and Malta, if constructed according to the plans which have been approved, will be very admirable structures.

"The proposed military hospital at Malta, though not so complete in its arrangements as the one at Woolrich, possesses certain advantages over that hospital; being built in a bastion of the fortification, it was necessary to make the pavilions of different sizes in order to lose no ground; this, however, allows of the free access of air to the wards. The pavilions are two stories high, and contain each two wards; the water closets and bath rooms are at the far extremity of the wards, and the nurses' rooms and sculleries at the end joining the corridor. The administration building is in front, and is connected with the main corridor by passage-ways, two courts intervening; Each bed has about ninety-six superficial feet and fifteen hundred and forty cubic feet of space.

"In the next place we come to the consideration of the hospitals of the United States; and we shall find that in hygienic requirements they are, with few exceptions, fully equal to the best that have been erected in Europe. The Pennsylvania Hospital, at Philadelphia is built upon a plan very similar in its general features to the plan recently adopted by the British government for its regimental hospitals. It consists of a central administrative building with pavilions extending from two of its opposite sides. The pavilions are two stories high, exclusive of basement. The allowance of space to each is somewhat over seventeen hundred cubic feet. There are detached buildings which are devoted to syphilitic and labor cases."
—*Hammond.*

The Boston Free Hospital consists of a central building, with a portico surmounted by a bold picturesque dome, and connected laterally by means of open colonnades, with advanced pavilions of a corresponding style of architecture. The design embraces six separate pavilions radiating from a central structure, but entirely disconnected with this building, excepting by corridors or walks, each of the quadrant of a circle in form. The pavilions are intended to be so grouped with reference to the central building, as to be located in parallel rows of two pavilions each, on three sides of the central building, at the distance of eighty feet therefrom. The ends of the pairs of pavilions face three of the four streets which surround the site, and are located one hundred feet back from the margin of the site or side of the street against which they face. The principal facade of the plan, which comprises two of the pavilions and the central building, is designed to be located one hundred feet from the margin of the side; while the center building itself is removed to a distance of one hundred and forty feet from the street.

The four large pavilions of the six will accommodate at least fifty patients each, and are one hundred and seventeen feet in length and twenty-eight in width. The remaining two pavilions are intended for twenty-five beds each, and measure eighty-nine feet in length and twenty-eight feet in width. All of them are of two finished stories in height, with a basement story, which is connected, by a little tramway through the corridors, with the central building and all the other pavilions. The central building is sixty feet square and three stories in height, and is intended exclusively for the officers' apartments, offices, kitchens, theatre and other apartments requisite for the administration and supervision of the whole thing.

The pavilions are so located as to be one hundred feet apart in the clear, and at an average distance of one hundred feet from the central building, thus securing the most ample space for light and ventilation to and between the several buildings composing the complete design. By this arrangement and position, any one of them, as they each have separate kitchens, etc., may be made a complete and independent hospital of itself, so that the plan may be extended at any future time, as circumstances my require.

In this hospital, every precaution seems to have been taken to secure the hygienic advantages which such institutions should possess. The larger wards are one hundred feet in length and twenty-eight in width, the remaining seventeen feet of the length of the

pavilions being appropriated to the water-closets, bath-rooms, and nurses' rooms. Each patient will, therefore, have over one hundred square feet of surface, and about sixteen hundred cubic feet of space. The windows are large and numerous. There being but two floors or wards, there are consequently, but fifty patients under one roof.

In the smaller wards the superficial area and cubic space allowed to each patient are still greater. These wards are for such cases as require the most ample allowance of room.

The dead-house is conveniently placed in the rear, immediately opposite the center of the administrative building. The present plan of the Boston Free Hospital is intended for two hundred and fifty patients, with the necessary number of officers and attendants.

Speaking of this hospital, Hammond says: "That it is not to be denied that a system such as that upon which the Boston Free Hospital is constructed is much more expensive than when the wards are huddled together, and party walls and a few windows are the result. So far, however, as the interests of the inmates are concerned—and, if they cannot be made paramount to every other consideration, hospitals had better not be built—there can be no doubt of its advantages. If we now proceed to examine the plan proposed for our new Hahnemann Hospital, we shall find that the pavilion system, conceded, as we have seen by the best authorities, to be superior to all others for the protection it affords, is fully embodied. Presenting facilities for the great desideratums of ventilation, the free circulation of air, of light, and also combining adaptability for additional wings, without in any way interfering with the existing building, as already said, this system, the "pavilion," has been perfectly carried out in the composition of the plan submitted.

The new Hahnemann Hospital, as proposed by the accompanying drawings, is to be situated on the east side of Fourth avenue, between Sixty-seventh and Sixty-eighth streets. It is to consist of a central or administrative building, with two wings, one on each side, which are entirely isolated from each other and from the centre building, with the exception of a corridor, on the first floor only, running the entire length of the block and uniting the three buildings. This will give a frontage, on the avenue, of nearly two hundred feet.

We will proceed to describe the building in detail, and shall take the administrative building as our starting point. This, as we may see by referring to the ground plan, is between the two pavilions; it is slightly advanced, to give it greater prominence; it is three sto-

ries high, has a front of fifty feet on the avenue, and a depth of sixty feet; it is approached by a covered carriage-way and road, and forms the main entrance to the hospital; on the first floor are apartments for the surgeon, a dispensary room, an apothecary, and reception room. These rooms are spacious, well lighted, and contain all the conveniences required. Opposite the entrance vestibule, and in the center of the long corridors which lead to the wards, is the main staircase of the administrative building. It leads to the floors above, has a landing midway, and each flight is supplied with large windows for light and air. By reference to the first story plan we shall see that these rooms are respectively sixteen by eighteen and fourteen by eighteen.

On the second story (see plan of second story), are four physician's rooms, two of which are fourteen by fourteen, one fourteen by eighteen, and the other sixteen by sixteen. There is also, space for the bath room, latrines, lift, etc. The library room, also on this floor, is sixteen by twenty-eight.

On the third floor we have two private wards, a professor's room, the museum room, and the large clinical lecture room and operating theatre; there is also room for the baths, water closets, etc. The private wards are respectively sixteen by eighteen and ten by fifteen. The museum is sixteen by eighteen, and the professor's room fifteen by fifteen. The clinical room, or operating theatre is twenty-eight by thirty-two, and is spacious, high, well lighted and ventilated. It has, in addition to the side window, light entering it from the top or dome.

A spacious "lift," or elevator, for patients subject to operations, is provided near the operating table, and opening into the lecture hall. It runs to the different floors and to the basement, and connects immediately with the "lifts" which are provided, one in each pavilion, running from top to bottom, and opening on each floor at the central corridors. By this means we have the most perfect connection of the operating theatre or clinical lecture hall, with the wards of the pavilions. We thus avoid fatigue and injury to patients, brought from the wards for operations. This hall, viz., the clinical lecture room, is ample for all its purposes; it is arranged with circular and rapidly descending seats toward the lecture table, and without obstructing columns to interfere with a full view of the table from each seat. The hall has a domed ceiling with light from above immediately over the operating table. It is proposed to also use this

lecture hall for the purposes of the hospital chapel, for which use its arrangement and position, and the connecting elevators well adapt it. The different stories of the administrative building are each fifteen feet in height, with the exception of the upper or lecture hall, which has a height of twenty-five, or more, feet, as it extends into the domed roof.

Having examined into the features of the central or administrative building, we will pass to the pavilions or wards. These are north and south of the adminstrative building, and connected on the first floor by the corridors to the pavilions. It is thus plain that the male and female departments or wards may be placed one in each of the pavilions, thus making the most complete separation. These pavilions contain the wards for the sick, located on the first, second and third floors, respectively. Each ward is seventy feet long, twenty-five feet wide, and fifteen feet in height. There is accommodation in each of them for twenty beds, thus giving each patient *over* one thousand three hundred cubic feet of air.

The able architect, Mr. George Hathorne, in a communication to me, touches upon this point. He says: "This capacity, a large amount per patient, is the same as that in the most successful hospitals, and is sanctioned by the best authorities, and though the width of the wards (twenty-five feet), as planned, is not as great as in many existing hospitals, it is that deemed the most desirable by Hammond, Galton, Oppert, and other authorities, as securing the best results in light and ventilation, and affording sufficient space for the uses of the ward. A greater width would, of course, give additional breathing space per patient, but the beneficial influence of sunlight, so salutary in sanitary results, would be in a measure destroyed."

The nurse's room, just outside the ward, has a window opening into it, from which a view of the entire ward is to be commanded. It contains closets for the necessary linen, a lift for food, and one through which the soiled clothes are sent below to be conveyed to the laundry.

In addition to the large hospital kitchen there is for each ward a small kitchen or scullery containing range, sink, etc. In hospitals where they already exist, they have been found a great convenience. Speaking of the Boston Free Hospital, we find this same feature: "The pavilions are so located as to be one hundred feet apart in the clear, and at an average distance of one hundred feet from the central building, thus securing the most ample space for light and ventilation to and between the several buildings composing

the design. By this arrangement and position, any one of them (as they each have separate kitchens, etc.) may be made a complete and independent hospital of itself, so that the plan may be extended at any future time, as circumstances may require."

A small dining-room is also arranged, one for each ward, for convalescent patients; thus avoiding the disagreeable and very injurious alternative of taking food constantly in the wards. This is not only a luxury, but a necessity, and one which we find but too rarely afforded in hospitals.

The baths, lavatories, water-closets, sinks, etc., are arranged at the rear of the wards, and so planned and ventilated that they can in no way affect the air of the wards. These conveniences are also arranged in other parts of the hospital. At each corner of the ward is an opening for a fire-place, an addition which may be made of the most material use in ventilation, as well as to add to the general cheerfulness.

At the end of the corridor a stone staircase, in each pavilion, gives access to the wards from the lower floor; these are surrounded by brick walls, have a landing midway, and are secure from the danger of fire. At the other end of the pavilion, outside of the building, and in the rear, it is proposed to arrange a light iron staircase, from the roof to the ground, with landings at the different stories, to be used as a fire escape, in case of the very improbable alternative of the stone fire-proof stairway in front being cut off from this portion of the ward.

The main stairways, while entirely convenient in location, are purposely insulated from the wards, that they may not act as conductors of air from one ward to another.

All the halls and corridors are continued from one outside wall to another, with windows at each end. The arrangement is such as permits the free and uninterrupted effect of the air and of sunshine, and rendering a stagnation of air impossible; indeed, all the rooms, passages, corridors, wards, etc., large and small, are so arranged and connected as to be at all times thoroughly lighted and ventilated.

A small passage or hallway connects the corridors of the pavilions, of each floor, with the circular balconies or verandas extending across the front of Fourth avenue face of the pavilions. These are broad and ample, and with a protecting roof, face the south and west, and are for the use of convalescent patients. As they are removed from the main wards, they can be used without causing annoyance to the

sick of the wards, and, while perfectly accessible, do not obstruct the air and sunlight of the wards, where these essentials are most needed. It is just this which has been the cause of so much objection to hospital verandas, as usually arranged along the sides and parallel to the wards.

On the third floor, and stretching across the entire front, and opening on to the balcony, is a special feature of this design, viz., an ample and cheerful room, fifteen by fourteen in size, intended for a ward library, for use by the patients. It is also intended to be used as a social or amusement hall, to contain newspapers, a piano, easy chairs, pictures —in short everything conducive to the relief and comfort of the patients, mental as well as physical. This apartment, as well as the balconies, is sufficiently removed from the presence of the sick wards. This room is a special and unusual feature, and one extremely seldom in hospitals. To all reflective minds this must commend itself.

In addition to the wards already spoken of, we would briefly make a further allusion to the private wards. These are arranged to accommodate only a few patients each, and for cases requiring quiet and seclusion. These rooms contain all the requisite appliances of the larger wards.

The basement of the pavilions will contain rooms for storage, for servants, and, if it be desired, additional and smaller wards; although this I should feel it a duty to strongly oppose. Pleasant dining and other apartments are arranged for, for the officers and managers, in the basement of the administrative building.

An independent, low, two-story building, in the rear of the administrative building, will contain the hospital kitchen, storerooms, laundry, dry-rooms, and it will also contain the boilers which supply the steam for heating and ventilating the entire hospital; the steam thus supplied to be used for cooking, as well. The second story will contain the sleeping rooms for nurses and servants.

In the rear of this building, and so arranged as to be out of sight of the pavilions, will be the post-mortem and dissecting rooms, and a room for the friends of the deceased. These buildings will be kept low and inconspicuous, that they may not interfere unnecessarily with the other uses of the hospital. A lighted and subterranean passageway connects these buildings with the different departments of the hospital.

Heating.

The heating of a hospital is a question involving much of importance. If the arrangements for the accomplishment of this purpose are defective, atmospheric deterioration or contamination results. It becomes very essential, therefore that the various means for heating should be carefully considered; and that the conclusions arrived at by the best authorities, as the result of study and experience, be given the greatest and most careful attention.

The architect proposes to heat the new hospital building by steam supplied from the boiler, which has already been spoken of as being located in the rear buildings. The steam is to be conveyed in pipes to the sub-cellars, which contain the air reservoirs and the coils of steam pipes. From these are conveyed the ducts containing the heated air intended for the different wards and departments. These are to be controlled and regulated by valves in the rooms, and are so constructed as to admit cold as well as warm air, according to the season and the temperature required. The air for these reservoirs is supplied from a large air shaft, specially constructed outside the buildings, and which is to take the air from a height where it is not liable to contamination.

Hammond considers, that in using steam as a heating agent, there is a difficulty in the regulating of the heat. The pipes must be kept at 212° Fahrenheit, or condensation of the vapor at once takes place, and water is formed. "In passing from a state of vapor to that of a liquid, steam parts with its latent heat, which becomes sensible, and thus the temperature of the pipes is raised. The latent heat of steam being 1,000°, a great source of heat is thus at command; but if the pipes are allowed to cool again below 212°, a fresh portion of steam is condensed, and so on till the whole of it has been converted into water, and has parted with its latent heat. It now occupies $\frac{1}{1694}$th part of the space as water which it did as steam, and consequently has a heating power equivalent to that of an equal bulk of water. Bulk for bulk, the heating power of steam compared with that of water is 1 to 288: that is, a cubic foot of water will give out 288 times as much heat as a cubic foot of steam in passing from 212° to 60°.

"Bringing into consideration other factors, under the specific heat of the iron of which the pipes are made, the heat from the water contained in the boiler, and of the brick work around the boiler, it is found that a building warmed with hot water will maintain its tem-

perature, after the fire is extinguished, about six or eight times as long as it would were it heated with steam." (*A Practical Treatise on Warming Buildings by Hot Water, &c.* By Chas. Hood, F. R. S., etc. London, p. 61.)

"The air, warmed by steam, is not baked, as is that which comes in contact with the heated surface of a stove, and hence is not deprived, to an equal extent, of its moisture. It is, therefore, less irritating to the lungs; and, being absolutely uncontaminated by the vapors and gases given off by the burning fuel, is altogether preferable to any direct means of heating."—*Hammond.*

We have in hot water another excellent agent for obtaining artificial warmth. The principle upon which the process is conducted does not differ very greatly from that governing steam.

"Pipes are arranged in connection with a boiler containing water. Heat being applied, those particles of the water nearest to the source of the heat first become warmed, and at the same time specifically lighter. They consequently rise to the top of the boiler, and enter the pipe which conveys them throughout the building to be warmed. If this water were allowed to escape, there would be a constant necessity for replenishing the boiler; but after it has lost a portion of its heat, it is returned to the boiler, and the process is repeated.

"Hot water has almost entirely superseded steam as a heating agent. Its effects are more uniform, and it is also more economical. * * * It is only within the last twenty-five or thirty years that hot water has been much used for heating buildings, and it is not yet employed to as great an extent as its merits warrant. Hygienically there is nothing, beyond the fact that hot water parts with its heat less rapidly than steam, that makes it preferable to this last named agent, but this one circumstance renders it more generally applicable for heating hospitals. One or the other should always be used. * * * * The hot water apparatus also admits of any degree between 212° and the temperature of the atmosphere being obtained, and on this account its advantages are very decided. * * * Most of the hospitals of Great Britain, France and the United States are warmed either by hot water or steam. Any other means should, as we have said, be condemned, and can only be tolerated where it is impossible to obtain either of those cited."—*Hammond.*

I will not stop to enter into the merits or demerits of the various other means for heating, and which are at our command. They all

present objections which, as we have seen remarked above, make them inferior to either steam or hot water. The open fire place, while insuring, when well constructed, the removal, to a large extent, of the deleterious products of combustion, as well as causing a strong current of air to pass from the room through the chimney, however, presents the objectionable feature of the difficulty in obtaining a steady and uniform temperature. There are other objections, such as the imperfect and insufficient heat, the dust from the ashes, etc., etc.

Stoves, owing to the difficulty of obtaining uniform heat, are to be condemned. As the air surrounding them becomes heated, it becomes specifically lighter, and ascends to the upper part or ceiling of the room. This is a well-known law of heat, and requires no extended remarks. As a result of this ascent of the heat, the lower strata of the air in the room is never as warm as that above. Another evil is the atmospheric dryness produced. Gases and vapors are also formed, and escape more or less into the room. Furnaces have been regarded as an improvement on stoves. The principles of furnace heating are too well known to necessitate our giving them much attention. It seems almost impossible to obtain a furnace which can be so managed as to give a uniform temperature. Gases and vapors also escape into the rooms. This has been often illustrated in our present hospital, which is heated by means of a furnace. While it cannot be denied that in the present temporary building, the appliances for ventilation leave much to be wished for, yet it cannot, on the other hand, be denied that the furnace has been, and is still, a source of much annoyance, as well as trouble. The building is at one time either too hot or too cold. The furnace also has periodical fits, when it generates gas and vapor. "As used in this country, hot air furnaces, I have no hesitation in saying, are productive of more disease and discomfort than are caused by all the other means of producing artificial heat combined."—*Hammond.*

After due consideration, and as the result of careful and conscientious investigation, I would recommend that the architect be requested to make such alterations in the plans as are requisite for the substitution of heating by hot water instead of steam.

Ventilation.

It is proposed to construct the hospital of double brick walls inclosing an air-space to protect the interior from the sudden changes of temperature, and from dampness.

Within the walls it is proposed to construct a series of tubes or flues, intended for the wards, one for each bed, with openings at the floor and at the ceilings. The gas burners for lighting the wards will be utilized in heating the air of the flues to accelerate the upward current, and the removal of foul air.

These ventilating ducts will terminate in the attics in large reservoirs for foul air. The reservoirs will contain coils of steam pipes to further rarify and accelerate the removal of the air through the ventilation of the roof.

It is desirable, in addition to this and the natural ventilation (windows and fire-places), to force a continuous supply of fresh air into all parts of the ward, by means of a fan, which draws it from the air shaft already spoken of.

The importance of pure air, especially in hospitals, I have taken occasion to speak of in an earlier part of this report. Any extended further allusion to this, would consequently, become superfluous. Yet, when we stop to consider the vast importance of pure air in hospitals, and the importance of the constant removal of the contaminated air and the substitution of pure air, we can hardly consider anything calculated to impress this, as a waste of time. While at this point, a brief examination of the question of the amount of fresh air required for a healthy man, in a given time, will prove of value. Vierordt fixes the amount at two and a half cubic feet per minute, Dr. Reid at ten cubic feet, and Dr. Arnott at twenty cubic feet. Hammond considers the first as much too low, and the last cannot be considered as at all too high.

"It may, however, be safely affirmed that in a ward in which one thousand two hundred cubic feet of air are allowed to each patient, this amount should be entirely changed in each hour at the most, and this would require the admission of twenty cubic feet per minute for each patient. An allowance of thirty to forty cubic feet per minute would, however, be far preferable. The object should be to render the atmosphere of the ward, as nearly as possible, similar in composition, as regards carbonic acid, aqueous vapor and organic matter present, to that of the external air. In the summer, when the windows and doors of apartments are open, it will be no difficult matter to effect this. I found that a room containing one thousand five hundred cubic feet, in which I remained six hours, with the window and door closed, had the air entirely renewed by leaving the window and door open for fifty-five minutes. The amount of car-

bonic acid present, at the expiration of six hours, was 0.72 per cent, and this was reduced to the proportion existing in the external atmosphere (0.39) in the time stated."—*Hammond.*

From this we may judge of the importance of a careful provision for ventilation. As we have seen, from what has been above said, without adequate, perfect arrangements for the renewal of the air of the wards, the number of cubic feet we give each patient becomes at once valueless. The great object of ventilation is to produce such a steady and constant change of air as will cause the continued renewal of the contaminated atmosphere of the ward by fresh supplies from without. These conditions cannot be neglected or overlooked without inevitable injury to the sick, manifested in the type of the disease as well as the slowness of recovery and increase of mortality.

"Confined air, under all circumstances, is injurious if inhaled into the lungs. Though it may not have been vitiated by respiration, by combustion or by emanations from known sources of contamination, the mere fact of its having been stagnant, is sufficient proof of its unwholesomeness. It is very much with air as with water; it requires to be kept in motion to be retained in a condition fit to enter the system. When, however, in addition to stagnation, or insufficient motion, are added the many causes of contamination which result from animal life and the various artificial processes connected with it, the need of change in the atmosphere of an apartment becomes much more imperative, and cannot be resisted without danger, not only to health, but to life. No duty is more imperative upon those having charge of hospitals than that of doing all in their power to insure, as nearly as possible, complete ventilation of the wards under their charge. "I have inspected hospitals," says Hammond, "where no attention whatever was paid to this point; where the fact that dozens of patients affected with typhoid fever, dysentery and other zymotic diseases, were breathing over and over again the same air, was either unnoticed by the medical officers, or uncared for; they could complain that some refined medical preparation for which they had asked was not forthcoming, but their own criminal neglect of the first of nature's laws, their ignorant or willful disregard of the lives of those so unfortunate as to be committed to their care was of far less importance in their estimation than an alleged deficiency of certain drugs. No better test can be found of the professional fitness of a physician or surgeon to take the charge of a hospital than

the estimate which he puts upon the importance of providing abundance of fresh air for his patients." A sentiment which we heartily re-echo.

"Hospitals have always been recognized as being great causes of disease, unless unremitting care is taken to provide means for continually changing the atmosphere of the wards. Even with every effort dictated by the most thorough acquaintance with the science of hygiene, and the most conscientious endeavors to discharge faithfully the duties of his office, the medical officer of a hospital will sometimes find diseases originate under his eyes, which can only owe their source to infection. Where there is perfect ventilation there is no infection; contagion can only act in confined air. Erysipelas, pyæmia, hospital gangrene, typhus and typhoid fevers, are diseases which are almost unknown among individuals not exposed to the dangers resulting from overcrowding and want of fresh air; and the best means of lessening their malignancy and of preventing their spreading, is separation of those among whom they exist, or who are subject to the effluvia by which they are caused."

Larrey, in speaking of this (*Notice sur les Hôspitaux Militaires* etc., Paris, 1862, page 28), says: "The danger of infection depends upon the vitiation of the atmosphere, especially during the night. The natural excretions of the sick, the breath, the fetid perspiration, the expectorated matter, the intestinal and urinary evacuations, the suppurations from wounds and ulcers, and sometimes the putridity of mortifications or of hospital gangrene, are so many sources of foci of contamination, without counting the odors of medicine, of poultices, the evaporations from liquids, the emanations from the soil, from the oil or gas used for illuminating, from the bed linen, and from the too closely situated or badly constructed latrines."

Levy (*Sur la Salubrité des Hôspitaux en Temps de Paix et en Temps de Guerre* Paris, 1862, page 12) also touches upon this: "I repeat what I have before already said, that I am far from denying the importance of diet, of curative methods, of careful attention, of an efficient administration, etc.; but all these elements of hospital service are secondary to the necessity of having pure air. Bring them to the highest degree of ideal perfection, and if the air is vitiated, or if it is insufficient in quantity, neither is improvement manifested nor the mortality lessened."

"Ventilation is of two kinds, natural and artificial. Natural ventilation simply consists in the employment of such ordinary means,

in conjunction with nature, as are at hand in all dwellings, or which require no special machinery, improving them, and making the most of any advantages to be derived from their use. Thus, the proper management of doors and windows, the construction of flues and openings to the external atmosphere, in which currents of air entering the rooms and going out of them are induced, without the employment of special apparatus or moving power. When it is possible to make use of natural ventilation it is to be preferred, not only on account of its cheapness, but also because it is more agreeable and effectual.

"By erecting hospitals according to the pavilion system, natural ventilation can be employed with great advantage, because three sides of the ward, and sometimes all four, are exposed to the full influence of the atmosphere; and thus through the windows and doors alone, fresh air enters, and that which has become vitiated obtains an effectual means of exit. I have seen the air of a room containing five thousand cubic feet entirely renewed in the space of five minutes, by the windows and doors alone, when a moderate breeze had been blowing. In this climate, however, the doors and windows of wards cannot be left open a sufficient length of time, during the cold seasons, to allow such a free circulation of air as is requisite for the health of the inmates of hospitals, as the wards are constantly occupied. But in dwelling-houses, the air of all bed rooms and other apartments occupied by individuals during the night or day, should be thoroughly changed at least once in the twenty-four hours, no matter how cold or inclement the weather may be.

"It however becomes a matter of necessity to provide for an efficient ventilation of hospital wards by some other plan than windows and doors alone. No better method than that already described as ridge ventilation can be employed, and with very little additional expense it could be readily made available for all seasons of the year, except, perhaps, in the extreme northern parts of the country. There is, however, among those who do not understand its action, a prejudice which it is difficult to overcome. In fact, there is more or less feeling against all external openings during cold weather, both on the part of many medical men and nearly all patients. The fear of a draft of air is almost universal among civilized people; the fear of a vitiated atmosphere seldom occurs to them; and yet the bad effects of breathing air contaminated with the emanations from the body, the products of combustion, etc., are infinitely worse than any

to be apprehended from a current of air. Even for permanent hospitals built of brick or stone, the ridge ventilation is the best that can be devised. Fresh air, heated, should be supplied in abundance, and the vitiated atmosphere should be allowed to escape through an opening extending the whole length of the ridge. If the air entering the wards of the temporary hospitals were heated by passing over coils of pipes containing steam or hot water, it would be perfectly practicable to retain the great advantages of the ridge ventilation throughout the space. The walls should be double, and the ceiling arched over, leaving an open space in the center, which might be partially closed by perforated plates of iron, but which should allow of free communication with the external air. Of course, this would necessitate the erection of pavilions but one story high, but this would be an advantage in every respect. The openings in the sides of the ward through which the fresh air is admitted should also be covered with perforated iron plates, and the space between the walls should contain the heating apparatus." Hammond concludes by saying: "I cannot conceive of a more efficient system, both of heating and ventilating, than this, nor one which is more simple in its operation."

As the proposed Hahnemann Hospital building consists of several stories, this system is out of the question. We have but introduced this as preliminary and partly explanative of this chapter of this report. We have now to examine into the various other processes at our command for effecting ventilation by what has been termed artificial means. We may, by means of machinery, force the air into the room from a source below the level of the apartment. This is done on the principle of heated air having a less specific gravity. Without, however, corresponding measures for the removal of the impure air, this cannot be termed or deserve the name of ventilation, the object of ventilation being not alone to force air into the rooms and wards, but also to remove that which has become impure. Another system directs its attention mainly to the removal of the impure air, leaving the entrance of fresh air to itself. Flues are constructed which converge to a larger flue opening to the outside. In this larger flue a fire is kept burning, or heat applied in some other way, the consequence being the production of currents of air through all the flues and the extraction of the foul air. To this we may apply the same remarks which were used in connection with the system last mentioned. A third system combines both of these,

and it is this which has been already described, as the one proposed for the contemplated hospital. "The air is forced into the room by a fan or screw, and heated before its entrance, by passing over pipes containing steam or hot water. It is then extracted through flues communicating with a hot air chamber, which opens to the external atmosphere. The Episcopal Hospital, in Philadelphia, is heated and ventilated by this last system, and I can speak from experience of the admirable manner in which both modes are accomplished. The power of extraction, produced by hot-air flues is very great, and they may be applied to the ventilation of almost any room with great advantage."—*Hammond.*

Conclusion.

The capacity of the entire hospital may be stated at one hundred and fifty patients. This number could be easily increased to two hundred if it were thought desirable to add an additional story to the pavilions, but all authorities agree that more than three stories of wards are exceedingly detrimental to the best hospital results. This number (one hundred and fifty), is as many as a hospital should contain. The tendency among all who have investigated hospital construction and management is to break up large hospitals and construct smaller ones, at points more or less removed from one another, and on the pavilion system. The dangers of overcrowding have already been forcibly stated in an earlier portion of this paper. "The crowding together of so many wards, under one roof, has the same effect as placing too many sick in one room. It has been definitely determined that not more than one hundred sick can be kept under one roof without an increased mortality being the result. And it does not make a great deal of difference whether they are contained in one sufficiently large room or in several smaller ones."—*Hammond.* The architect, Mr. Hathorne, speaking of this, says: "The effort has been made, not to see how large a number of patients could be accommodated, but rather that a fewer number of patients should be subject to the most favorable advantages of space and light."

Every attention has been given for the purpose of securing cheerfulness throughout the departments; to give sunlight and air the freest play—to avoid all possible obstruction; in short, to embody the greatest number of health-restoring influences, and the greatest facility of administration; and it is believed that the plan submitted

by Mr. George Hathorne combines the greatest number of advantages with the fewest disadvantages: "A result gained only by a close examination and comparison of the plans of English, French, and German hospitals, as well as those of our own. Their defects have been carefully avoided and their advantages combined."—*Architect.*

For various reasons, and especially those of economy, it is desirable that the exterior of the building should be imposing and pleasing, from its bold treatment, its carefully managed and artistic outlines and groupings, its evident adaptation to its uses, rather than from the use of expensive materials. It is proposed to construct the exterior of brick, with the occasional use of light stone in the trimmings, for contrasts and relief.

A special feature in the construction and arrangement of the pavilion, as planned, is one that very happily meets the present emergency, viz., that one of the pavilions may be constructed without the center for administrative building, and answer perfectly all the immediate purposes of the hospital, administrative as well as ward work. It thus avoids the present cost of the administrative building until such time as is convenient for the building and completion of the whole; it enables work to be commenced at once and the hospital to be put into early operation, a result very much to be desired for the future success of the hospital, pecuniarily and otherwise.

Report of the Medical Director.

To the President, and Gentlemen of the Board of Directors:

The undersigned has the honor to transmit to you the report for the year ending September 30th, 1871:

The whole number of registered applications is two hundred and thirty-five.

About fifty applications should be added to this number, but of these the record has been lost. I consider it safe to assume three hundred applications during the year.

Out of this number seventy-one applications were granted.

There were remaining October 1st, 1871, ten patients.

Of the total number admitted, forty-five were males and twenty-six females.

Of the patients treated in the hospital there were:

Discharged cured	37
Discharged improved	8
Discharged not improved and incurable	5
Left before treatment commenced, or discharged for insubordination	6
Died	1
Remaining	12
Pregnancy	1
Sent to lunatic asylum	1
Total	71

Of the applicants for admission twenty-two were visited before admission.

Of the total number of patients, three were pay patients, leaving sixty-eight charity cases. Four important operations were performed, besides a number of minor ones.

As regards the applications refused, some of them were so refused because of their being infectious cases. Absolutely incurable cases were also declined in the majority of cases. By far the greatest reason of refusal, however, was the want of room.

A brief *resumé* of the cases treated may be interesting. For this I refer to the annexed (Table I).

With reference to the refusal of cases for want of room, this will most convincingly demonstrate the importance of building a larger hospital. The average of applications has been four to every one that could be granted. Taken by months, the number of applications sometimes ran as high as six to every one that was granted. Let us hope that these plain statistical observations and facts will appeal effectually to our wealthy and charitable, and that it will stimulate our noble band of co-workers, viz., "The Ladies' Aid Society of the Hahnemann Hospital," to continue in their very commendable efforts, and to yet more extend their successes. The present prospects would indicate a yet greater success to be achieved this season by these ladies.

The sum total of days during which patients were supported by the hospital is two thousand four hundred and sixty-three.

Table I.—Resume of Cases Treated in the Hospital.

Anæmic Debility.—One of these cases was in a widow woman. The anæmic condition was resultant from insufficient nutrition, owing

to lack of the commonest necessaries of life, conjoined with the necessity of laboring at washing and ironing. Not long after admission she was removed to the country by her friends; at the time of removal she was much improved.

The second case was consecutive to inflammation of the lungs. The patient was admitted in an extremely broken condition, which was much aggravated by bed-sores. Was discharged cured.

A patient in the male ward, who had served in the Union army during the rebellion, was admitted in a state of extreme debility. He had been wounded in four different places, some of the wounds being open and very irritable. Generous diet, with appropriate medication, brought about rapid improvement. As soon as he was able to move about he left for the western States.

There were two cases of debility consequent upon protracted practice of self-abuse. In each of the cases there was spermatorrhœa. Both cases were cured.

Intermittent Fever.—Six cases were admitted. In all of them the paroxysms were broken in a period varying from two days to a week. The patients, however, remained in the hospital for a period of time subsequent to the breaking up of the paroxysms. Various reasons dictated this course. In one case, that of a male patient, the paroxysms had been of daily occurrence for seven weeks. The patient was in so debilitated and broken a condition that he had to be carried into the building, and attended to as though a child. He had been treated by a practitioner of the highest dilution class, who had given him the two hundredth potency. This treatment failed to produce any other effect than to permit the patient to run into a cachectic and extremely debilitated condition. The sweats were excessive and exhausting. Enlargement of the spleen was well marked. Arsenicum[1], conjoined with the use of coffee, brought about cessation of the paroxysms by the fifth day. The method of using the coffee is to order a large cup of strong, black coffee, to be handed the patient so soon as the peculiar symptoms heralding the approaching advent of the chill are perceived. After cessation of the paroxysms the patient rapidly regained strength and flesh. An observation which I have made in cases where coffee has been given in conjunction with the appropriate remedy, be the latter arsenicum, chinin., etc., is that the return of the paroxysms at the seventh, fourteenth, or at any of the periodical periods, is not so probable.

Necrosis of the Femur.—This case, that of a boy, who at the time

of admission was in a state of extreme debility, entirely unable to walk, on examination was found to have an opening on the inner surface of the right leg, just above the knee joint. The edges of this opening were callous and protuberant, characteristic of the presence of dead bone. The probe very soon confirmed this opinion. After a course of treatment directed to the improvement of the general condition, an operation was performed, and five inches of dead bone removed. The wound healed very readily, and shortly after the boy had his application for discharge granted. Unfortunately the necrosis has re-attacked the bone at the point at which it had been operated upon, and he is, at the date of this report, again a patient. Professor Helmuth, having assumed command of the surgical department, I turned the case to his care, and he is now under this gentleman's treatment. An operation will be made in due time.

Follicular Vulvitis.—This was a rather remarkable case. Strange to say, it had been diagnosed by several physicians as cancer of the womb, as hemorrhoids, etc. The disease commenced about three years previous to the patient's coming under our observation. The entire vulva was studded with enlarged follicles, some of which had attained the size of hazel-nuts, and even larger. Astringent applications failed to effect anything. Medication also failed, and to an operation the patient would not listen. She was finally discharged in the same condition (as regarded the growths) in which she entered; the general health, however, was very materially better.

Pulmonary Emphysema.—Two cases were received, and in both arsenicum effected a cure. Want of space prevents further notice of these cases at present.

Acute Inflammatory Rheumatism.—Three cases were admitted and treated. One of these cases was considered hopeless at the time of admission. I had visited the young man some time before for a severe cold, by request of a well known and philanthropic lady. While examining the patient at that time, my suspicions were excited by his pulse, and I was led to examine his heart. Discovered the existence of insufficiency of the mitral valve; thus my suspicions were confirmed.

When admitted to the hospital all the symptoms indicated a violent inflammatory rheumatism with acute involvement of the heart, a complication which gave our prognosis great uncertainty and doubt. Under careful treatment and rest he recovered, and is now, with the exception of the existing valvular disease, in a very good state of health.

The remedies used in the acute cases of rheumatism were aconite, rhus, arsenicum, nux, bryonia, colchicum, spigelia.

Of the chronic cases of rheumatism, one, after successive improvements and relapses, was discharged in about the same condition in which he entered. The other case is still under treatment.

Ulceration of the Lower Extremity.—One of these cases is remarkable, as illustrating the success attendant upon the treatment of these ulcers by grafting. As this case is spoken of in another portion of this volume, I abstain from further reference to it.

Another patient, having an ulcer of long standing, on the lower extremity, was discharged not long after admission, and consequently before he could be cured. The cause of discharge was insubordination.

Ulceration of the Fingers and Hands.—Case of Rev. Mr. I., age thirty-three. Fingers of right hand, with the exception of the two last, and the fingers of the left, exceping the last two and the thumb, were extensively ulcerated. The thumb of the latter was but slightly involved. The right hand was also ulcerated on its dorsal surface. This condition was from having had his hands frozen. Owing to a lack of funds, in traveling from Boston to New York, he obtained an "outside" passage. The weather was extremely cold and he had no gloves, which necessitated their full exposure, as he had to carry his baggage. He was admitted April 16th, 1871. One of the fingers, viz., the middle one of the right hand, was extensively and seriously ulcerated, and amputation at one time was seriously thought of. It was, however, decided to make every effort to save it, and the result proved very gratifying, as on the 20th of March he was discharged, with his hands and fingers completely restored. Calendulæ cerate was the agent used.

Cystoplegia.—In this case the paralysis of the bladder had existed three years; the patient had been treated during these years by many different physicians, until his funds were utterly exhausted, and he applied for admission in an utterly destitute condition. Admitted and taken into treatment March 24th, 1870. On the 20th of April, 1870, he was considered cured, and was discharged. Ruta graveoleus was the remedy.

Hemorrhage from the Lungs.—Two cases were admitted. In both arnica (tincture or first dilution) quickly arrested the bleeding, and they were soon discharged. Physical examination revealed tuberculosis in both patients.

Pregnancy.—A young woman who had been seduced, was, on application of an influential and charitable lady, admitted in an advanced stage of pregnancy. She was to have been confined in the hospital, but becoming awed at the presence of "Her Royal Highness the Princess Editha," and fearing a repetition of the attempt of this notorious character to set the hospital on fire, she left the hospital.

As regards the so-called "Princess Editha Loleta, Baroness of Rosenthal and Countess of Landesfeldt," *alias* Emma Martin (true name Solomon), this female was admitted into the charity ward on application of a practitioner in this city. He represented her suffering with hemorrhage from the lungs, and spasms. Permission was given, and thus was the institution made famous above others by a "royal" patient (by some disrespectfully termed a royal fraud) on its lists. Her disease and spasms, after several days, were found to be shammed; she was, however, found to be subject to periodical fits of insanity. One of these fits was so violent as to require the united efforts of Professor Hunt, Rev. Mr. Stratton, the assistant, Dr. Dunnel, Dr. Seeger and a stout porter, to restrain her struggles. Finally, after several hours of struggling, restraining measures were adopted. After being released from her restraint, she indulged in a violent attack with a carving-knife upon Dr. Seeger; fortunately, in the struggle the knife simply penetrated the coat sleeve, barely escaping the arm. An assistant, however, closely escaped having it thrust in his eye. As it was, the knife penetrated the skin just below one of his eyes, and although but a flesh wound resulted, yet it showed how narrow was the escape. She was sent to the Blackwell's Island Lunatic Asylum.

Herpes Zoster.—Two cases were received. One was cured with rhus, and the other with arsenicum.

Phthisis Pulmonalis.—Three cases were received. Two were, after a time, again removed by friends, and one died in hospital, being the only death since the opening of the institution.

Enuresis Nocturnæ.—Both cured with causticum.

Abnormity.—A boy in whom the right testicle was found to be within the inguinal ring, was admitted. His age was twelve years, and this condition was said to have existed from birth. He was discharged in the same condition as he entered.

A case of hydrocele of long standing in an aged subject was admitted into the hospital and transferred to the charge of Dr. Hel-

muth, surgeon in chief. An operation was performed, and in a short time after admission the patient was discharged cured.

A case of alcoholismus was admitted and cured. Nux, phosphorus and opium were the chief remedies, conjoined to diatetic measures.

A girl burned by the explosion of a kerosene lamp was admitted and cured.

Uterine.—Four cases of this kind were received and treated. In one case there was inflammation and ulceration of the os and cervix uteri. The womb was almost at the vulva. Dragging pains in sacrum and thighs; menorrhagia; leucorrhœa, yellowish and offensive; vesical irritation; anæmia, etc., etc. The patient was admitted February 3, 1871, and was discharged, *cured*, March 18, 1871. This case illustrates the use of the sponge and T bandage in falling of the womb. The bandage must be applied with its top piece folding around the abdomen and reaching as high as the lower ribs. The vertical piece of the bandage is then passed between the extremities and attached to the abdominal piece in front. By this means the sponge which is inserted into the vagina, after digital replacement of the womb, is held in place. It is to be borne in mind, that unless the sponge is frequently changed, each change being accompanied with careful ablution of the parts, it will, instead of proving benefical, be a source of irritation and injury as well as of discomfort.

Hydrastin was used as a local application in this as in other cases.

TABLE II.—DISEASES TREATED IN THE HOSPITAL.

NAME OF DISEASE.	Cured.	Improved.	Remaining in treatment.	Not improved or incurable.	Left before treatment commenced or discharged for insubordination.	Died.	Sent to insane asylum.
Anæmia and debility	3	3	..	..	....	..	
Abnormity	..	..	..	1	....	..	
Alcoholismus	1	..	..	..	....	..	
Bright's disease	..	1	..	..	....	..	
Bronchitis	4	..	..	..	....	..	
Burn from kerosene explosion	1	..	..	..	....	..	
Caries	1	..	1	..	....	..	
Consumption (lungs)	..	..	..	2	....	1	
Catarrh, gastric	1	..	..	..	....	..	
Catarrh, intestinal	..	..	..	..	1	..	
Catarrhal fever	1	..	..	..	....	..	
Epilepsy	..	..	1	..	....	..	
Emphysema pulmon	2	..	..	..	....	..	
Empyema	..	..	1	..	....	..	
Enuresis, nocturnal	2	..	..	..	....	..	
Fracture (Radius and Ulna)	1	..	..	..	....	..	
Frost bite	1	..	..	..	....	..	
Fever, intermittent and remittent	6	..	..	..	....	..	
Hemorrhage from lungs	1	..	..	..	....	..	
Heart disease	..	..	1	1	....	..	
Hernia	..	..	1	..	....	..	
Hydrocele	1	..	..	..	....	..	
Hip joint, disease of	..	1	..	..	....	..	
Herpes Zoster	2	..	..	..	....	..	
Insanity	..	..	..	..	....	..	1
Injury (accidental cases)	1	..	1	..	....	..	
Laryngitis (chronic)	..	..	1	..	....	..	
Necrosis	..	1	1	..	....	..	
Pregnancy	..	..	..	..	1	..	
Paralysis, hemiplegia	..	..	1	..	....	..	
Paralysis, paraplegia	..	..	..	..	1	..	
Paralysis, cystoplegia	1	..	..	..	....	..	
Rheumatism, acute	3	..	..	..	....	..	
Rheumatism, chronic	..	..	1	1	....	..	
Scald	1	..	..	..	....	..	
Ulcers	1	..	1	..	1	..	
Vulvites (follicular)	..	1	..	..	....	..	
Varicose (veins)	..	..	..	..	1	..	
Womb, disease of	2	1	1	..	1	..	
Total	37	8	12	5	6	1	1

It may be seen, by the instituting of a comparison of the statistics of our hospital—both as regards results of treatment, number treated, and cost per diem — that they compare favorably with the best. This result will be as gratifying to your board, and to all well wishers of the cause, as it has been to myself.

Before concluding this report, I would beg indulgence for once again drawing your attention to certain facts presented to your board at its regular monthly meeting in May last.

"Now, I would desire to call the attention of the board to the statements of the last few months.

"I refer to the medical director's reports. We find an average of six (and even over) applications per month, to every application that could be granted. That this total number of applications does not

by any means represent the actual demand for a homœopathic hospital in New York city, I can demonstrate by the following statistics:

"In New York city we have eight homœopathic dispensaries, the principal of which are the Bond Street Dispensary, and its branch; the New York Homœopathic Dispensary; the Metropolitan; the Western; finally, the North-eastern Homœopathic Medical and Surgical Dispensary, which as you are aware is in the same building with the hospital. These dispensaries treat an annual total of over 65,000 patients. In addition to this, we have the suburban dispensaries, such as the Morrisania and others. We may easily understand that out of these 65,000 patients, if we say five per cent require the care of a hospital, we place the estimate at a moderate and most positively correct per centage. My opinion decidedly inclines to a heavier per centage. Yet, the indicated per centage is sufficient to prove our assertions. Here we at once have a convincing and striking proof of the urgent necessity existing for a larger, more commodious and better hospital. But even, aside from this, the large number of applications which I am necessitated to refuse, show how urgently we require this new hospital. These constant refusals serve to excite a feeling of unpopularity with those who do not understand the real facts in the case. The medical director has been repeatedly and most unjustly attacked and censured for this, by those who have no knowledge of these facts. It has served to make the hospital unpopular. Although the medical director has again and again explained the fact, that in consequence of our nine * beds being full, he must refuse the application, even physicians who may have been applying for some one, leave, expressing discontented sentiments toward the hospital.

"The medical director has drawn up this brief communication for the purpose of showing to your board, and to all others interested, the pressing need for a new hospital, and the necessity of pushing on this work with all due speed. The new plans which your board will have submitted to you this evening, offer us the desired relief. Let us unite, heart and soul, in pushing on the erection of this new hospital.

"One of the results of these refusals to applicants, is to deter many from applying who would do so, but for the impression that an application would be useless. It will be plain from this, that our list of applications loses thereby, and the statistical figures become smaller than they otherwise would be."

* Since doubled by lease of the adjoining building.

In conclusion, I desire to return my most sincere and heartfelt thanks to your board for the confidence so steadfastly reposed in me. I desire also to thank the many noble ladies who have zealously and disinterestedly labored side by side with me, in the advancement of the good cause. Finally, to my professional brethren, who have honored me with their confidence and support, and who have so generously rallied at each and every call, I return thanks, not only for their kindness to myself, but also in the name of our common cause. The heavy and wearisome labors connected with the advancement and development of the cause of our hospital have often been cheered by the marks of confidence and good will displayed.

Extract from the New England Medical Gazette.

Hahnemann Hospital of New York City. — A grand *soirée musicale* for the benefit of the hospital building fund, took place at the Union League Club on Friday evening, April 21, 1871. Near $700 worth of tickets were sold, and a probable net profit of over $400 will remain after deducting expenses. This is a most gratifying result when the unusually high price of tickets is considered, these having been placed at two and three dollars.

The audience was large and select, representing the cream of New York society. Among those present were William Cullen Bryant, Consul General Kobbé, Hon. R. A. Storrs, Hon. C. C. Pinckney, Prof. Hunt, Dr. B. F. Bowers, Dr. Louis Hallock, Dr. Seeger, William Radde, E. N. Loew, Judge Loew, Consul Bromberg, Col. Perley, Prof. Quackenboss, LL.D., A. T. Briggs, Rev. Mr. Hennicke, Rev. Mr. Vorberg, Dr. A. P. Throop, Dr. E. Miner, Dr. Thompson, Dr. Richardson, Dr. Noble, Dr. Dunnell, and many other well known and prominent persons.

The heartiest thanks are due to Prof. Rivarde for the success of the musical portion.

LVIII.

Report of the New York Ophthalmic Hospital.

Incorporated April 21, 1852. Under allopathic direction prior to June, 1867; under homœopathic direction since that time. Located at 387 Fourth avenue, corner of Twenty-eighth street New York city. Open for the reception of patients every day, at two o'clock, Sundays excepted.

OFFICERS, 1871.

President.—Thomas C. Smith.

Vice-President.—George W. Clarke.

Treasurer.—Cornelius C. Corson.

Secretary.—Amos M. Chace, Jr.

Directors.—Thos. C. Smith, Geo. W. Clarke, Cornelius C. Corson, Washington Hadley, John W. Whitfield, Peter Cooper, Cornelius O'Reilly, Chas. E. Bostwick, Herman C. Fisher, R. G. Elder, Patrick Fox, Hon. L. D. Kiernan, D. D. T. Marshall, Royal E. Deane, R. C. Root, D. L. Baker, Amos M. Chace, Jr.

Attending Surgeons.—T. F. Allen, M. D.; C. A. Bacon, M. D.; C. Th. Liebold, M. D.; J. McE. Wetmore, M. D.

Aural Surgeon.—Henry C. Houghton, M. D.

Assistant Aural Surgeons.—Alfred K. Hills, M. D.; Benjamin Franklin, M. D.

Consulting Surgeons.—P. P. Wells, M. D.; H. D. Paine, M. D.; G. E. Belcher, M. D.; Carroll Dunham, M. D.

Apothecary.—G. S. Norton, M. D.

Finance Committee.—G. W. Clarke, C. E. Bostwick, J. W. Whitfield.

Visiting Committee.—J. W. Whitfield, January 1 to 15; C. E. Bostwick, January 15 to February 1; G. W. Clarke, February 1 to February 15; R. C. Root, February 15 to March 1; Washington Hadley, March 1 to March 15; D. L. Baker, March 15 to April 1; P. Fox, April 1 to April 15; D. D. T. Marshall, April 15 to May 1; R. G. Elder, May 1 to May 15; Royal E. Deane, May 15 to June 1; H. C. Fisher, June 1 to June 15; Peter Cooper, June 15 to July 1; C. C. Corson, July 1 to July 15; Hon. H. D. Kiernan, July 15 to August 1; A. M. Chace, Jr., August 1 to August 15; C. O'Reilly, August 15 to September 1; Thos. C. Smith, September 1 to September 15; J. W. Whitfield, September 15 to October 1; C. E.

Bostwick, October 1 to October 15; G. W. Clarke, October 15 to November 1; R. C. Root, November 1 to November 15; Washington Hadley, November 15 to December 1; D. L. Baker, December 1 to December 15; P. Fox, December 15 to January 1.

Act of Incorporation.

This is to certify that we, the undersigned, citizens of the United States, and of the State of New York, residing in the city of New York, in accordance with the requirements of an act of the Legislature of the State of New York, entitled "An act for the incorporation of benevolent, charitable, scientific and missionary societies," passed April 12, 1848, have associated ourselves together for the purpose of establishing an Ophthalmic Hospital, to be located in the eastern section of the city of New York, and to be known by the name or title of the New York Ophthalmic Hospital, for the purpose of extending charitable aid and assistance gratuitously to all needy persons afflicted with diseases of the eye, who may make application for relief; and also for the purpose of affording facilities for the instruction of medical students in the treatment of all diseases of the eye: and that the said hospital is to be governed by a board of trustees or managers, to be entitled a "Board of Directors," to be composed of seventeen persons, to be elected and chosen from the life governors and members of this association, and the surgeons appointed by said board of directors, who are *ex officio* members of the said board of directors, making the number of directors in all nineteen persons: and the following are the names of the said board of directors for the first year of the existence of this association, viz.:

Hon. A. C. Kingsland,	John J. Davies, Esq.
" C. S. Woodhull,	A. Tieman, Esq.,
" James Harper,	Jacob Aimes, Esq.,
" S. L. Macomber,	Benedict Lewis, Jr., Esq.,
Elijah F. Purdy, Esq.,	Gerard Stuyvesant, Esq.,
Joseph R. Taylor, Esq.,	E. S. Franks, Esq.,
John D. Wright, Esq.,	John M. Seaman, Esq.,
Enoch Dean, Esq.,	Benjamin F. Camp, Esq.,

William S. Davidson, Esq.

And that the said association is to be governed and managed in accordance with the requirements of the said enactment of the Legislature of the State of New York, hereinbefore referred to, and to

be possessed of all the powers conferred by and subject to all the provisions and restrictions of said act.

Dated this 21st day of April, 1852.

JOHN J. DAVIES. [L. S.]
J. M. SEAMAN. [L. S.]
DAVID L. ROGERS. [L. S.]
EDWARD SKOTT FRANKS. [L. S.]
BENEDICT LEWIS. [L. S.]
MARK STEPHENSON. [L. S.]
WM. S. DAVIDSON. [L. S.]

STATE OF NEW YORK, }
CITY AND COUNTY OF NEW YORK, } *ss.:*

On this twenty-first day of April, A. D. 1852, before me personally came John J. Davies, John M. Seaman, David L. Rogers, Edward S. Franks, Benedict Lewis, Jr., Mark Stephenson and William S. Davidson, known to me to be the same persons described in and who executed the within instrument, and acknowledged that they executed the same.

GEORGE G. TAYLOR,
Commissioner of Deeds.

I, William Mitchell, one of the justices of the Supreme Court, elected and residing in the first judicial district, do approve of the incorporation proposed to be formed by the within certificate and allow of the filing of the within certificate and duplicate thereof, approved by me at the same present time, to complete the incorporation of the within named society.

WILLIAM MITCHELL,
Justice Supreme Court.

Indorsed—"Filed, 22d April, 1852."

CLERK'S OFFICE, }
CITY AND COUNTY OF NEW YORK, } *ss.:*

I, George W. Riblet, clerk of the city and county of New York, do certify that I have compared the preceding copy of the certificate of incorporation of the New York Ophthalmic Hospital with the original thereof, which was filed in my office on the 22d day of April,

1852, and that the same is a correct transcript therefrom, and of the whole of such original certificate.

In testimony whereof, I have hereunto set my hand and affixed [L. S.] my official seal, this 28th day of April, A. D. 1852.

GEORGE W. RIBLET, *Clerk.*

STATE OF NEW YORK, } ss.:
SECRETARY'S OFFICE, } ALBANY, *April* 26, 1852.

The certificate of incorporation of the "New York Ophthalmic Hospital," was received and filed this day in this office.

ARCHIBALD CAMPBELL,
Deputy Secretary of State.

REPORT OF THE BOARD OF DIRECTORS.

The board of directors respectfully present to the members, and all others interested in the prosperity of the New York Ophthalmic Hospital, the following report of their proceedings during the year 1870, and a statement of the present condition of the institution; acknowledging with profound thankfulness the Divine blessing upon their efforts to relieve human suffering, as shown by an increased number of patients, and the most flattering success in their treatment.

The lease of our present premises soon expires, but Mr. Peter Cooper has kindly consented to extend the time to May 1, 1872, should we find it necessary to remain. The building is entirely inadequate to our wants. Our wards are cramped, badly lighted, and poorly ventilated, and we regret to state that more than one-half of our applicants for relief have been necessarily refused on account of our inability to set apart proper space for the accommodation of those who should undergo surgical operations. This is certainly a sad state of affairs, but we hope in the course of the next eighteen months to be in a condition to extend aid to all who may call upon us for relief.

The number of patients treated during the year was thirteen hundred and sixteen. We are gradually and surely gaining ground in our efforts to relieve human suffering, owing to the mild and successful treatment now practiced in this hospital. If we had any doubts in the beginning concerning the efficacy of the homœopathic system, adopted by us some three years ago, they have been dispelled. We have been successful in treating the most obstinate forms of ophthal-

mic disease in patients who have come to us from different parts of the city and State. Many of them were chronic cases, and have sought us as a last resort, with very satisfactory results.

We have met with a severe loss by the death of Mr. James L. Woodward. He was a firm and steadfast friend of the hospital, benevolent, able and prompt in the discharge of all duties incumbent upon him as director. His heart was in his work, and his loss has been and will continue to be keenly felt by us.

The surgeons have been punctual in their attendance, manifesting an untiring devotion to our cause. We take this opportunity to thank them for their praiseworthy interest in the general welfare of the hospital, as well as their constant and energetic efforts to alleviate the sufferings of poor humanity.

Treasurer's Report.

Total receipts	$42,511 20
Total expenditures	$41,441 42
Cash on hand October 1, 1870	1,069 78
	$42,511 20
Value of personal property	$600 00
Bonds of United States	8,000 00
Stocks, securities, and other investments	38,000 00
	$46,600 00

We have now safely invested ($46,000) forty-six thousand dollars, as will be seen by reference to the treasurer's report, herewith submitted. We wish to see this increased to one hundred thousand dollars, which amount we deem essential to establish the hospital upon a basis of enlarged and permanent usefulness, and make the institution what its founders intended and its patrons desire it to be. We cordially invite all persons, whether interested in charitable enterprises or not, to call at the hospital any day (except Sunday), between the hours of two and three P. M., and see for themselves the good we are doing with the limited facilities at our command.

Charity in such a cause cannot be misplaced. What greater boon can be conferred upon a fellow-being than the restoration of sight? Though the blind are frequently found to have their other senses increased in keenness and activity, of what avail are they to the unfor-

tunate victims? Dependent, in most cases, upon others for support, they eke out an existence, the misery of which is known only to themselves. Our time is somewhat limited in which to purchase an eligible location and erect a suitable building for our purposes, even if we had the necessary means to do so, but we are confident that we shall receive from the benevolent and affluent citizens of New York city and vicinity, and from the city and State authorities, the assistance absolutely necessary to carry out the requirements of a well-regulated and successful Ophthalmic Hospital.

Purely non-sectarian in our views, making no distinction in regard to race or color, gratuitous in every particular to suffering poor who call on us for skillful treatment of impaired vision and threatened loss of sight, we consider that no institution has greater reason to call on the public generally for aid, and the benevolent no more deserving charity on which to bestow their offerings in behalf of the afflicted. We have accomplished much in the last three years; our task is but half finished, and we make this further appeal for the means that we require to complete the work.

In closing our report, we wish to tender our sincere thanks to Mr. John M. Seaman, for his long, faithful, and valuable services in sustaining and furthering the usefulness of the hospital in the capacity of director, and for his wise and able administration of its affairs during the last two years as its president. One of the founders of the institution, he has given it his time and attention for nineteen years, has clung to it through its darkest hours, and now leaves it with his best wishes for its success, conscious that his labors in our behalf will not have been in vain.

Report of the Surgeons.

In presenting this report for the year ending September 30, 1870, we take pleasure in calling attention to several facts, as evidence of the continued and increasing usefulness of the institution.

The tabulated statements present a list of cases of diseases of the eye and ear treated, and of all operations made. Regarding the eye cases, we are glad to add testimony to that already given as to the superiority of the plan of treatment followed for the past three years; the duration of acute cases is short, the liability to serious lesion less, and in scarcely an instance has a chronic type ensued. The improvement in chronic cases has exceeded our most sanguine expectations. Some patients who were subjected to local treatment at other insti-

tutions, upon being advised to submit to operations, came here, received the indicated treatment, and by a continued watchfulness the vision has been restored to a degree even beyond that promised by an operation. Again, as a preventive and guard after operations, we notice the comfort given and dangers avoided by the use of internal remedies carefully selected. As regards the ear cases, the clinic has increased steadily since the surgeon has given daily service, and this hitherto neglected field of homœopathic practice is being cultivated with good promise of equally valuable fruitage.

The clinical lectures have been given daily, as usual, and the students have had unrestricted opportunity to enjoy and profit, to hear and to see the results of our treatment in the wide sphere of observation presented in the institution. As we enter upon the last year of our occupancy of this building, we look forward with pleasing anticipation for the fullest and most complete success possible to follow your persistent efforts to secure a larger building. We need one affording ample room for out-door patients, now daily crowded into these small rooms to such a degree that the staff is embarrassed, and unable to do justice to those who come. Again, our upper rooms are entirely inadequate to the demands made upon us, and we are obliged to refuse patients on this account; even the operating-room being occupied by beds for the in-door patients.

At this juncture in our history, we return thanks to the profession for the interest manifested by them in this hospital, and we ask from them and from the homœopathic community in the city, State, and nation, hearty sympathy and material aid. The necessity is now laid upon our board of directors, and we ask for them the best efforts of our friends, both professional and lay.

We cannot close this report without congratulating the board upon their having secured so efficient a matron; by kind, attentive, personal interest, Mrs. Harris has won the esteem of the patients, and merits this cheerfully rendered testimonial from the surgeons.

Diseases and Number of Patients Treated from October 1st, 1869, to September 30th, 1870.

	Males.	Females.	Total.
I. Orbita.			
Cellulitis	1	..	1
Necrosis, Fist sin. fr	2	..	2
Necrosis. (Phosphor.)	1	..	1
Periostitis	1	..	1
Total	5	..	5
II. Palpebræ.			
Entropium	5	5	10
Ectropium	1	1	2
Trichiasis, distich., etc.	7	16	23
Hordeolum, chalaz., milium	3	4	7
Bleph. cil., ac. et chron	34	55	89
Bleph. angularis	..	4	4
Bleph. phleg. et erysip. Furunc et abscess	..	5	5
Herpes, crusta lac	1	1	2
Verucæ, tumores, epithelioma	5	7	12
Lupus	..	1	1
Epicanthus	..	1	1
Læsiones et corp. al	1	1	2
Pediculus cil	1	..	1
Total	58	101	159
III. Conjunctiva.			
Conj. catarrh, ac. et chron	55	51	106
Conj. purulenta (blenn.)	3	3	6
Conj. purulenta neonat	3	4	7
Conj. granulosa (trachoma)	38	26	64
Conj. pust. et exanth	17	15	32
Symblepharon	2	..	2
Pterigium	4	3	7
Neoplasmata	3	..	3
Læsiones et corp. al	22	7	29
Total	147	109	256
IV. Sclera.			
Scleritis	..	1	1
Sclerectasia traum	2	..	2
Staphyl. Scleræ ant	2	2	4
Total	4	3	7
V. Cornea.			
Keratitis superficialis	9	14	23
Keratitis pustulosa	34	49	83
Keratitis parenchymatosa	4	5	9
Keratitis ulcerosa (ulcus simplex et perforans) et kerato-iritis	38	28	66
Keratitis pannosa	18	24	42
Macula, nebula, leucoma	20	36	56
Keratoconus	2	..	2
Staphyloma	5	2	7
Cicatrix corn. traum	1	..	1
Læsiones et corp. al	25	3	28
Fistula corneæ	..	1	1
Epithelioma corneæ	1	..	1
Total	157	162	319
V. Iris.			
Iritis idiop (rheum)	14	5	19
Iritis syphilitica	11	3	14
Synechia ant. et post. et atresia pupillæ	8	13	21
Mydriasis	..	1	1
Prolapsus Iridis	1	1	2
Læsiones et corp. al	4	..	4
Total	38	23	61

	Males.	Females.	Total.
VII. Corpus Ciliare et Chorioidea.			
Hyperæmia chor	..	3	3
Chorioiditis, ac. et chr	6	10	16
Irido-chorioid, ac. et chr	6	8	14
Chorioiditis disseminata	2	2	4
Irido-cyclitis c. hypop	4	2	6
Ophthalmia sympathica	3	..	3
Atrophia chor. et sclerotico chior. post	6	10	16
Glaucoma, ac. et chron	3	4	7
Total	30	39	69
VIII. Nervus Opticus et Retina.			
Hyperæsthesia retinæ	2	..	2
Neuro-retinitis	4	4	8
Retinitis	3	4	7
Retinitis hemeralopica	1	..	1
Retinitis pigmentosa	1	..	1
Retinitis syphilitica	2	1	3
Retinitis albuminurica	1	1	2
Apoplexia retinæ	1	1	2
Anæsthesia retinæ et atroph. N. O.	11	7	18
Amotio retinæ	3	2	5
Amblyopia (potat et nic.) et Amaurosis	9	5	14
Tumor sub ret	..	1	1
Total	38	26	64
IX. Lens.			
Cataracta incipiens	2	18	20
Cataracta mollis	..	2	2
Cataracta dura	5	9	14
Cataracta nuclearis	1	..	1
Cataracta zonularis	..	2	2
Cataracta traum. et secund	8	..	8
Dislocatio lentis traum.	2	1	3
Total	18	32	50
X. Corpus Vitreum.			
Opacitates	5	..	5
XI. Bulbus.			
Panophthalmitis	3	..	3
Atrophia bulbi	4	4	8
Anophthalmus	1	..	1
Læsiones et corp. al	7	2	9
Total	15	6	21
XII. Refract. et Accom.			
Myopia	4	2	6
Hyperopia	15	22	37
Presbyopia	4	16	20
Astigmatismus	..	2	2
Asthenop. accom. et musc	8	11	19
Total	31	53	84
XIII. Musculi et Nervi.			
Paresis et paralysis N. oc. m	1	5	6
Paresis et paralysis N. abduc	1	1	2
Strabismus convergens	8	9	17
Strabismus divergens	2	1	3
Blepharospasmus	..	1	1
Neuralgia ciliaris	1	5	6
Neuralgia N. supra orb	1	..	1
Total	14	22	36

Diseases, etc.—(Continued.)

	Males.	Females.	Total.
XIV. Organa Lacrymalia.			
Epiphora (Hypersecretio)	..	1	1
Dacryocystitis et blen.	..	6	6
Stricture et stenos. D. lac.	4	10	14
Fistula lacrymalis	..	4	4
Corpus alienum	1	..	1
Total	5	21	26
Recapitulation.			
I. *Orbita*	5	..	5
II. *Palpebræ*	58	101	159
III. *Conjunctiva*	147	109	256
IV. *Sclera*	4	3	7
V. *Cornea*	157	162	319
VI. *Iris*	38	23	61
VII. *Corpus cil. et Chorioid.*	30	39	69
VIII. *N. Optic. et retina*	38	26	64
IX. *Lens*	18	32	50
X. *Corpus vitreum*	5	..	5
XI. *Bulbus*	15	6	21
XII. *Refract. et Accom.*	31	53	84
XIII. *Musculi et Nervi*	14	22	36
XIV. *Organa Lacrymalia*	5	21	26
Total	565	597	1162
Diseases of Ear.			
Otitis externa, ac.	4	2	6
Otitis externa chron.	1	..	1
Otitis med. ac.	10	8	28
Otitis med. chron.	39	60	99
Otitis int. acuta	1	..	1
Otitis int. chron	..	3	3
Otitis int. traum	3	..	3
Otitis int. traum. syph.	..	1	1
Agglut. cerum	5	7	12
Polypus auri	..	2	2
Tinnitus auri	2	2	4
Atrophia tympani	..	1	1
Eczema auri	..	1	1
Corpus alienum	1	..	1
Necrosis proc. mast.	1	..	1
Total	67	87	154
Diseases of Eye	565	597	1162
Diseases of Ear	67	87	154
Total	632	684	1316
Nativity of Parents.			
Born in United States	..	..	780
Born in Great Britain	..	..	406
Born in Germany	.	..	116
Born in other countries	..	..	14
Total	..	..	1316

Operations Performed from October 1, 1869, to September 30, 1870.

No. of operations.	No. of eyes.	EYE.	Males.	Females.	Total.
13	10	Iredectomy	6	3	9
4	4	Cataracta dura (Graefe's operation)	3	1	4
3	2	Cataracta mollis (discission)	..	2	2
2	2	Cataracta secundaria (discission)	2	..	2
2	2	Staphyloma (Kuechler's operation)	1	..	1
6	2	Paracentesis cam. ant	2	..	2
1	1	Symblepharon (plastic operation)	1	..	1
15	15	Strabismus convergens (Liebreich's operation)	6	6	12
1	1	Strabismus convergens (advancement M. Rect. ext.)	1	..	1
5	4	Strabismus divergens	2	1	3
9	9	Enucleatio bulbi	6	3	9
18	14	Strictura duct. lac. (Stilling's operation.)	4	7	11
1	1	Palpebrum sup. (plastic operation)	1	..	1
4	4	Extirpatio tumor palp	2	2	4
3	3	Pterigium	1	1	2
1	1	Canthoplastic operation	..	1	1
5	4	Entropium	2	1	3
1	1	Ectropium	1	..	1
19	19	Extraction and removal of foreign bodies (light cases excluded),	17	2	19
118	99	Total	58	30	88
		EAR.			
1	1	Polypus auri	..	1	1
1	1	Extraction of foreign bodies	1	..	1
2	2	Total	1	1	2
115	....		59	31	90

LIX.

Hospital Report of Protestant Half-Orphan Asylum.

By B. F. BOWERS, M. D., Attending Physician.

Founded in 1833. Under allopathic direction ten years; under homœopathic direction since 1862. Located at 67 West Tenth street, New York.

Report of the Attending Physician.

The following is the report for the year ending December 1, 1870:

While there is something to regret, there is much to be thankful for, in the experience of the last year.

There have been more or less cases of most of the contagious diseases of children: mumps, chicken-pox, hooping-cough, measles and scarlet fever; also, intermittent fever, cholera morbus, dysentery; a great many cases of croup, and some serious casualties.

Ophthalmia has been less prevalent and more manageable.

The eruptions have been well kept in check by the vigilance and assiduity of the nurse.

A number of the patients have been a great tax upon the nurse, requiring unusual attention.

No death has occurred during the year.

Number of children under care, three hundred and eighteen.

I would renew the recommendation that more attention be paid to the physical training of the children, and that suitable means be provided for that purpose.

LX.

Report of the Albany City Dispensary.

Incorporated May 23, 1868. Located at No. 7 Plain street, Albany, N. Y.

OFFICERS, 1871.

President.—Thomas McGraw.

Vice-President.—S. A. Stratton.

Secretary.—Ira W. Ainsworth.

Treasurer.—Samuel Moffatt.

Trustees.—Thomas McGraw, Ira W. Ainsworth, William Lacy, James Hendrick, B. A. Towner, D. L. White, E. L. Judson, Samuel Anable, L. Thompson, L. M. Pratt, M. D., H. M. Paine, M. D., J. W. Cox, M. D., S. A. Stratton, Samuel Moffatt, J. J. Austin, E. J. Weeks, Dean Sage, John M. Newton, C. P. Williams, W. G. Thomas, J. C. Crocker, W. S. Randel, M. D., H. G. Preston, M. D., James F. McKown, M. D., S. H. Carroll, M. D.

Visiting Committees.—I. W. Ainsworth, S. Anable, October; James Hendrick, C. P. Williams, November; E. J. Weeks, Samuel Moffatt, December; J. J. Austin, S. A. Stratton, January; W. G. Thomas, J. C. Crocker, February; Thomas McGraw, Dean Sage, March; D. L. White, B. A. Towner, April; E. L. Judson, L. Thompson, May; J. M. Newton, Wm. Lacy, June; Drs. L. M. Pratt and H. G. Preston, July; Drs. J. W. Cox and S. H. Carroll, August; Drs. E. D. Jones and W. H. Randel, September.

Medical Committee.—Drs. L. M. Pratt, H. G. Preston and S. H. Carroll.

Finance Committee.—E. L. Judson, Esq., Drs. L. M. Pratt and H. M. Paine.

Committee on Publication.—Drs. L. M. Pratt and H. M. Paine.

Surgical Staff.

Consulting Surgeon.—P. F. L. Reynolds, M. D.

Attending Surgeon.—At one o'clock, P. M.: H. G. Preston, M. D., Tuesday, Thursday and Saturday; J. H. Fitch, M. D., Monday, Wednesday and Friday.

Medical Staff.

Consulting Physicians.—Drs. E. D. Jones, W. H. Randel and J. W. Cox.

Attending Physicians.—At one o'clock, P. M.: Dr. G. A. Cox, Monday; Dr. L. M. Pratt, Tuesday; Dr. H. M. Paine, Wednesday; Dr. N. Hunting, Thursday; Dr. J. F. McKown, Friday; Dr. S. H. Carroll, Saturday.

Resident Physicians.—Drs. F. W. Thomas and D. B. Bellan, in attendance at all hours of the day and night.

Gynæcological Staff.

Consulting Physician.—D. Springsteed, M. D.

Attending Physicians.—Daily at one o'clock, P. M.: Dr. J. F. McKown, Monday, Wednesday and Friday; Dr. H. M. Paine, Tuesday, Thursday and Saturday.

Dental Staff.

For such surgical treatment of the teeth as may be required.—At one o'clock, P. M.: Dr. J. C. Austin, Monday; Dr. W. F. Winne, Wednesday; Dr. J. A. Perkins, Friday; Dr. F. Ames, Saturday.

Proceedings of the Semi-annual Meeting of the Board of Trustees.

The semi-annual meeting of the board of trustees was held in the rooms of the dispensary, April 4th, 1871. Mr. S. A. Stratton, vice-president, in the chair. The minutes of the previous annual meeting were read and approved.

The report of the resident physicians was presented and read; the report exhibited a very gratifying increase in the number of applicants. The total number of prescriptions for six months, ending March 31, 1871, was 6,003. The number of different diseases treated, 1,278. The number of visits to patients at their residences, 1,856.

The corps of consulting, attending and resident physicians and surgeons and dental surgeons was reappointed.

The following resolutions, offered by Dr. Paine, were adopted:

Resolved, That the accommodations afforded by the dispensary being limited, the treasurer be authorized to secure the occupancy of the whole building, from the first of May next, for the purpose of increasing the number of reception, consulting and operating rooms.

Resolved, That the medical committee be authorized to effect such removals and make such appointments of resident physicians as may be required prior to the next annual meeting of the association.

Resolved, That the medical committee be authorized to adopt such measures as in their judgment may be required for securing a building suitable for hospital purposes.

Resolved, That such action be taken by the medical committee as may be necessary, in order to increase the number of trustees of the dispensary.

Resolved, That the thanks of the Association are due and are hereby tendered to the resident physicians, for their prompt and efficient services; also to gentlemen who have generously contributed books, medicine and fuel.

On motion of Dr. Pratt, the meeting adjourned.

Proceedings of the Fourth Annual Meeting.

The fourth annual meeting of the association was held in the rooms of the dispensary, Tuesday, October 3, 1871.

The vice-president, Mr. S. A. Stratton, in the chair.

The minutes of the previous semi-annual meeting were read and approved.

The secretary, Mr. I. W. Ainsworth, presented a report, which was accepted.

The treasurer, Mr. Samuel Moffat, presented a report of receipts and expenditures for the fiscal year ending September 30, 1861.

Dr. L. M. Pratt, chairman of the medical committee, presented a report, which was accepted.

Dr. H. M. Paine, chairman of the committee on publication, presented a report, which was accepted.

Dr. H. M. Paine, on behalf of the committee on legislation, presented a report which was accepted.

Dr. F. W. Thomas, resident physician, presented and read, in detail, a full report of the amount of medical and surgical service rendered by the surgeons and physicians, in their respective departments. The report may be considered as indicative of the success and popularity of the institution, and of the estimation in which it is held by its beneficiaries.

The attending surgeon, Dr. Preston, presented a report of cases treated in his department. There were 1,935 prescriptions to 335 patients; a number of cases of fractures and dislocations were reported; also several operations requiring the use of anæsthetics. A case of fungus tumor on the dorsal surface of the right hand was related. A history of this case and an accompanying illustration will be published

in the ninth volume of the transactions of the State Homœopathic Medical Society. See page 349.

A report was presented, showing the number of cases treated in the dental department.

The librarian, Dr. D. B. Bellan, presented a report giving a classified and carefully arranged list of the books in the library.

By Dr. Pratt:

Resolved, That the constitution be so changed as to authorize an increase of the number of trustees to not less than twenty-one or more than twenty-nine, seven of whom, at least, shall be physicians.

On motion of Dr. Paine, members present were requested to nominate candidates for the office of trustee. The names of the gentlemen declared elected are published in the list on page 445.

By Dr. Carroll:

Resolved, That the thanks of the association be tendered to the resident physicians for the faithful discharge of their duties during the past year; also to the several coal dealers who have so generously donated a supply of fuel for the past year; to Mr. Walsh, for putting up tin pipe and register; to Mr. Dickey, for stove pipe; to Mr. McCann, for gas stove and rubber tubing; to Mr. Stevenson, for a clock; to Messrs. Taylor & Waterman, for a donation of matting; to Messrs. Bullock & Co., A. McClure & Co., Fonda & Bagley and Nelligar & Co., for donations of medicines; to Messrs. Bott, Johnson & Co., for 10,000 cards of large size; to Dr. Delavan, for book-case; to Dr. Pratt, for carpet and oil cloth.

By Dr. Pratt:

Resolved, That the thanks of this association are due, and are hereby tendered to Dr. John S. Delavan, for services rendered at the dispensary, as attending physician; also for the present of a book-case; also for the promise of a complete set of surgical instruments, to be donated the dispensary at an early day.

On motion of Dr. McKown, the meeting of the association adjourned.

ANNUAL MEETING OF THE BOARD OF TRUSTEES.

At the annual meeting of the board of trustees, held immediately after the adjournment of the association, the officers of the board were elected, and the several committees and departments were appointed. The list is published on page 445.

REPORT OF THE SECRETARY.

A comparison of the history of the dispensary during the past year, with that of the three first years, affords very gratifying evidences of

progress and of steadily increasing usefulness. The increase of the number of applicants for aid has equalled that of any previous year.

The dispensary is located in a district containing, at a moderate estimate, a population of upward of twenty-five thousand persons. Of this number, one-eighth, as indicated by the report of the resident physicians, rely on this institution for such medical and surgical aid as it is designed to furnish. A proper consideration of this fact, in connection with the means provided for affording adequate relief to so large a number of beneficiaries, renders the result of our labor for the year truly gratifying and surprising.

This satisfactory result is mainly due to the faithful services of the gentlemen comprising the medical and surgical staffs, and to the resident physicians. To the last mentioned gentlemen especially, we owe a decided expression of our appreciation of their unremitting and often arduous labors in promoting the interests of the dispensary.

A proper estimation of the importance and value of this public charity, proves a constant incentive to its officers and managers to render it instrumental in a far greater degree in mitigating the sufferings of the afflicted.

Prior to the first of May, rooms on the first floor only were devoted to the uses of the dispensary. Since that time three rooms in the second story have been added. The rooms of this floor are set apart for the treatment of diseases peculiar to women, a daily clinic for the care of diseases of this class having been established.

The third story is occupied by a small family, to whose charge the cleaning, washing and general care of the building is intrusted. The external appearance of the building has been improved by a new coat of paint.

Important improvements and increased facilities for the reception and care of patients have also been made in the arrangement of the reception and consulting rooms on the first floor, by enlarging the latter, and by placing new blinds and curtains on the windows, and new matting on the floor.

Four years ago the homœopathic profession, under the auspices of the County Medical Society, inaugurated a movement which resulted in the establishment of this institution. At that time it became evident that there was a very general and steadily increasing desire for homœopathic treatment among the poorer classes; also that adequate provision should be made for dispensing medicines gratuitously to those who were unable to pay for them. On investigation it was

also found that no public free dispensary existed in the city, and that the city government was not making sufficient provision for the gratuitous treatment of those who were unable to procure paid medical service.

The success of our dispensary has been a continual source of gratification to its projectors. It has been steadily and increasingly contributing to the relief of suffering thousands in our city. But we find that our services are limited to those who apply at the dispensary, and to those who are attended at their homes by the resident physicians. In addition to this number there is a class who cannot be treated successfully, except in an institution especially adapted to the purpose.

It is, therefore, with a view to an enlargement of our sphere of usefulness by securing hospital accommodations, that we desire to make provision for the proper care and treatment of in-door patients.

The board of trustees earnestly desire not only to increase the usefulness of the dispensary to the fullest extent, and to place it on a permanent and pecuniarily an unembarrassed basis, but also augment its usefulness by affording accommodations for such patients as require the advantages to be found only in a well appointed hospital. To this end they earnestly solicit donations to a fund sufficient in amount to secure a building having ample accommodations for both a dispensary and hospital.

Report of the Treasurer.

The treasurer of the Albany City Dispensary Association respectfully presents the following account of receipts and expenditures during the fiscal year ending September 30th, 1871:

Receipts.

Donations in cash	$975 00
Donations, rent received	137 50
Appropriation received from State	1,000 00
	$2,112 50

Expenditures.

Medical services	$651 10
Rent paid	450 00
Medicines and instruments	597 22
Miscellaneous	414 18
	$2,112 50

Donations.

Anderson & Collins, half a ton of coal. D. D. Babcock, one ton of coal. J. M. Carlin, half a ton of coal. Frieso De Groot, half a ton of coal. R. J. Greenwood, half a ton of coal. G. B. Hoyt, half a ton of coal. F. M. Sill, one ton of coal. Stall & Ham, half a ton of coal. Stein & Fullgraff, half a ton of coal. Conley & Wiltsie, one ton of coal. Mr. Walsh, tin pipe and register. Mr. Dickey, stove pipe. Mr. G. W. Stevenson, clock. Mr. McCann, gas stove and rubber tubing. Mr. Baker, coal scuttle and basin. Dr. Delavan, book-case. Dr. Pratt, carpet and oil cloth.

REPORT OF THE MEDICAL COMMITTEE.

During the past year several changes have occurred in connection with the office of resident physician to the dispensary. Early in January, Dr. P. I. Cromwell was appointed in place of Dr. Mann, resigned. In the month of May, Dr. Parmelee, in place of Dr. Smithwick, and Dr. D. B. Bellan, in place of Dr. Cromwell. In September, Dr. F. W. Thomas, of Philadelphia, was appointed in place of Dr. Parmelee. The committee, in each instance, have endeavored to act judiciously and impartially, and to make such removals and appointments as would promote the best interests of the institution.

A larger number of rooms is required, not only for the uses of the dispensary, but also for the temporary care of patients, for a short period after operations, as well, also, as a well appointed hospital department. A brief statement, setting forth the importance, indeed the necessity for securing hospital accommodations, will be found in the report of the secretary. The report of the committee on legislation, contains a statement, showing that a sum sufficient in amount to secure a building of moderate dimensions has been appropriated by the Legislature, which will be available next spring. It is therefore probable, that in the course of a few months, a homœopathic hospital will be organized and established in this city. Inasmuch as a debt of several thousand dollars will then be incurred, we earnestly and respectfully urge adherents of the homœopathic system to turn at least a fair portion of their benefactions into this channel.

The committee report, that in compliance with a resolution adopted at the last meeting, they have taken such action as seemed to be required in regard to an increase of the number of trustees.

Report of the Committee on Publication.

The committee on publication respectfully report that a brief statement of the proceedings of the last annual meeting, and a record of the number of cases treated at the dispensary was prepared, and ten thousand copies were printed in the form of a circular letter, for general distribution. An equal number of cards, having on one side the name of the dispensary, its location and objects for which it was established and is maintained; and on the other side the names of the officers and surgeons and physicians in attendance. Copies of the circular report and card, inclosed in an envelope, were placed in nearly every residence in the more thickly populated portions of the city. In houses occupied by more than one family, several copies were furnished.

By this method accurate information has been directly communicated to the class designed to be benefited, concerning the benevolent objects desired to be accomplished by this chartitable institution.

This systematic and direct communication of information regarding the institution for the benefit of the poor of the city, has been resorted to twice; once in the spring of 1869, and once in the month of November, 1870. To these efforts, chiefly, we may trace the success of the dispensary.

The committee has also ordered the preparation and printing, from time to time, such records, books and cards as were required for the registration and preservation of the records of cases treated at the dispensary.

Report of the Committee on Legislation.

The committee appointed to procure legislative action in behalf of the dispensary, respectfully report that they prepared a form of an act such as, in their opinion, would secure the object desired to be obtained.

Having submitted it to the mayor, and members of the common council, for approval, placed it in the hands of the members of the Legislature from this city, through whose efforts it became a law.

The form is similar to one passed winter before last, and amended and re-enacted last winter, for the benefit of dispensaries in the city of Brooklyn. It requires the city government to levy an assessment of the aggregate amount specified in the act, and when collected, pay it in equal portions to the treasurers of the three dispensaries at present organized in this city.

The form prepared is as follows:

CHAPTER 841.*

AN ACT making provision for the support of certain Dispensaries in the City of Albany.

PASSED April 28, 1871.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. It shall be the duty of the Common Council of the city of Albany, hereafter to levy and raise annually, in the same manner as taxes are now required to be levied, the sum of one thousand dollars, and no more, to be paid to the treasurer of the Albany City Dispensary for its support;† and the sum of one thousand dollars, and no more, to be paid to the treasurer of the Albany City Hospital Dispensary for its support; and the sum of one thousand dollars, and no more, to be paid to the treasurer of the St. Peter's Dispensary, for its support.

This act secures to each of the dispensaries in this city, a donation by the city of one thousand dollars annually. The committee are informed that the law has been complied with by the city authorities, and that the amount due the dispensary will be paid the last week in December. The committee feel that the thanks of this association are due to Senator Banks and the Hon. Messrs. Murphy and Coyle, for their efforts in promoting the passage of this act, and securing its final adoption.

The committee also state that there has been obtained the usual annual appropriation by the Legislature to the support of the dispensary; also a liberal appropriation to a building fund.

REPORT OF THE RESIDENT PHYSICIANS.

In presenting the fourth annual report of the Albany City Dispensary, we desire to call attention to the method heretofore followed for registering the diseases treated. The plan adopted prior to the 1st of April, was one which exhibited a list classified by regions of the body. This plan, although concise and easily applied, was found to be defective and unsatisfactory. Since the 1st of April, a register of all diseases treated, arranged nosologically, has been carefully kept. This plan proves much more reliable, and indicates the extent and variety of the cases presented for treatment. A complete classification of all diseases arranged in accordance with this system is published in the second volume of the Transactions of the Society, page 151.

* Session Laws, 1871.

† The name of the Albany City Dispensary was erased prior to the final passage of the bill.

The report shows an increase in the number of cases and prescriptions of nearly fifty per cent over the number presented at the last annual meeting. The number of different cases treated is 2,941; the number of visits to patients at their residences, 3,709; the number of prescriptions to patients at the dispensary, 8,117. Total number of visits and prescriptions, 11,886. Total number to the present time, 26,714.

The number of visits to patients at their residences averages 309 per month, and the number of visits and prescriptions nearly 1,000 per month.

During the past year a daily surgical clinic has been maintained. The number of cases reported by this department is 535, an average of forty-four per month. Total number of prescriptions in this department, 1,935. It has been our purpose to endeavor to promote the interests of the institution, by a faithful performance of duty. We have endeavored to properly apply all the resources afforded by the dispensary for the appropriate treatment of the various forms of disease presented. We have constantly endeavored to convince those for whose benefit the institution is established, that they are entitled in the freest manner to its humane advantages.

Comparative Monthly Summary of Prescriptions and Visits.

YEAR.	October.	November.	December.	January.	February.	March.	April.	May.	June.	July.	August.	September.	Total.
1868	....	....	....	18	50	57	60	107	385	226	369	355	1,978
1869	339	393	354	514	667	290	343	506	514	441	430	409	5,296
1870	323	357	598	653	625	553	856	774	890	565	633	696	7,354
1871	602	924	979	1,260	1,081	1,290	1,152	1,003	984	1,057	939	726	11,886
	1,264	1,674	1,931	2,445	2,423	2,390	2,411	2,389	2,603	2,351	2,371	2,196	26,714

Record of Diseases Treated During six months, from April 1st to September 30th, 1871.

DISEASE.	April.	May.	June.	July.	August.	September.	Total.
CLASS I—ZYMOTIC DISEASES (*Zymotici*).							
ORDER 1—MIASMATIC.							
Scarlatina	2	1	7	2	4	..	16
Morbilli	..	1	..	..	..	..	1
Diphtheritis	..	1	..	..	..	..	1
Erythema	..	..	..	..	..	1	1
Croup	2	..	..	..	..	..	2
Pertusis	1	1	1	6	..	..	9
Intermittent fever	..	1	4	14	6	2	27
Fever, simplex	..	1	..	..	2	..	3
Fever, gastric	..	..	2	1	1	..	4
Fever, remittent	..	..	1	..	..	..	1
Erysipelas	6	..	1	..	1	..	8
Influenza	4	1	..	..	2	..	7
ORDER 2—ENTHETIC DISEASES.							
Syphilis	6	3	..	3	1	2	15
ORDER 3—DIETETIC DISEASES.							
Alcoholism	1	3	3	5	13	2	27
ORDER 4—PARASITIC DISEASES.							
Helminthiasis	8	6	10	1	4	6	35
Crusta lactea	..	2	2	..	..	2	6
Phtheiriasis	..	..	..	1	..	..	1
CLASS II—CONSTITUTIONAL DISEASES (*Cachetici*).							
ORDER 1—DIATHETIC DISEASES.							
Rheumatism	5	10	11	11	5	2	44
Oedema	..	..	..	..	4	..	4
Anasarca	..	..	..	..	..	1	1
Myalgia	..	1	2	1	5	..	9
ORDER 2—TUBERCULAR DISEASES.							
Phthisis pul	3	1	3	4	2	..	13
Scrofulosis	4	2	2	1	..	2	11
CLASS III—LOCAL DISEASES (*Monorganici*).							
ORDER 1—DISEASES OF THE BRAIN AND GENERAL NERVOUS SYSTEM.							
Paraplegia	..	..	..	1	..	..	1
Paralysis	1	1	..	..	1	..	3
Meningitis	..	..	1	1	1	..	3
Encephalitis	..	..	1	..	..	..	1
Hydrocephalous	1	2	..	1	..	..	4
Prosopalgia	..	..	..	..	1	..	1
Coup de soleil	..	1	2	1	..	..	4
Neuralgia	3	2	2	1	2	..	10
Cephalalgia	2	5	6	8	7	10	38
Tetanus	..	..	..	..	1	..	1
Epilepsy	2	..	1	..	..	1	4
ORDER 2—DISEASES OF THE EYE.							
ORDER 3—DISEASES OF THE EAR.							
ORDER 4—DISEASES OF THE NOSE.							
Coryza	5	5	7	5	4	3	29
ORDER 5—DISEASES OF THE MOUTH, FAUCES AND ŒSOPHAGUS.							
Otalgia	3	2	..	..	..	..	5
Glossitis	..	..	..	2	..	..	2
Pharyngitis	2	8	3	3	4	6	26
Ptyalism	1	1	1	..	..	..	3
Bronchitis	15	12	9	19	4	7	66
Parotitis	1	..	..	..	2	1	4
Laryngitis	6	..	2	1	1	4	14
Aphonia	2	2	..	..	..	..	4
Cancrum oris	1	1	..	..	1	..	3
Cancrum glossis	..	..	..	..	1	..	1
Tonsillitis	3	6	2	1	1	3	16
Glands, indurated	..	..	..	..	1	..	1

Record of Diseases Treated—(Continued).

DISEASE.	April.	May.	June.	July.	August.	September.	Total.
Order 6—Heart Diseases.							
Heart, disease of	1	..	1	..	1	..	3
Heart, endocarditis	..	2	..	..	..	..	2
Angina pectoris	..	..	..	..	..	1	1
Embolism	..	..	..	1	..	..	1
Order 7—Diseases of Arteries and Veins.							
Phlebitis	..	2	..	..	..	..	2
Order 8—Lung Diseases.							
Pleuro-pneumonia	..	..	..	..	1	1	2
Emphysema	..	2	2	1	..	..	5
Pleuritis	9	3	3	7	4	2	28
Asthma	1	..	..	1	1	1	4
Hæmoptysis	..	1	..	..	..	..	1
Pneumonia	6	..	..	..	2	1	9
Order 9—Bowel Diseases.							
Vomiting	..	..	2	..	2	..	4
Gastritis	1	4	4	..	5	2	16
Colitis	..	..	..	5	..	..	5
Dyspepsia	24	14	8	16	7	13	80
Marasmus	..	1	2	1	..	1	5
Stomach, foreign body in	..	..	..	..	..	1	1
Hemorrhage	..	..	..	..	1	..	1
Gastro-enteritis	..	3	3	1	5	..	12
Hepatitis	3	1	1	1	2	1	9
Stomach, softening of	..	1	..	..	..	..	1
Cholera morbus	..	..	2	9	7	1	19
Cardialgia	..	..	..	1	1	..	2
Gastralgia	..	3	1	2	5	..	11
Constipation	4	3	4	10	8	4	33
Splenitis	..	1	..	..	..	..	1
Prolapsus recti	..	..	1	..	..	..	1
Enteritis	1	3	3	2	4	..	13
Peritonitis	..	1	..	..	..	..	1
Enteralgia	..	2	1	4	4	2	13
Ascites	..	..	..	..	..	1	1
Cholera infantum	2	..	..	4	1	..	7
Icterus	2	2	1	..	1	..	6
Intestinal catarrh	6	2	8	13	11	15	65
Order 10—Kidney Diseases.							
Nephritis	2	1	2	3	1	2	11
Diabetes	..	..	1	..	..	..	1
Lithiasis	..	2	..	..	..	..	2
Order 11—Diseases of the Bladder.							
Cystitis	1	1	2	2	..	..	6
Enuresis	1	..	1	..	1	1	4
Order 12—Genetic Diseases of Man.							
Spermatorrhœa	..	..	..	..	1	..	1
Prostatitis	1	1	..	..	..	..	2
Onanism	..	..	1	1	..	..	2
Of Women.							
Miscarriage	1	1	2	..	..	1	5
Uterus, retroversion of	..	..	..	..	1	..	1
Uterus, Prolapsus of	1	2	3	..	1	5	12
Vaginitis	..	2	2	1	3	..	8
Amenorrhœa	4	2	3	5	..	..	14
Uterus, anteversion of	..	..	..	1	..	..	1
Dysmenorrhœa	7	1	2	2	1	..	13
Metrorrhagia	..	1	..	..	1	1	3
Leucorrhœa	2	1	1	..	1	..	5
Menorrhagia	1	1	..	2	4	1	9
Climacteria	..	2	..	..	..	..	2
Odontalgia	22	9	6	6	11	5	59
Hysteria	1	1	4	2	1	..	9
Metritis	5	2	..	..	1	..	8
Eclampsia	..	..	..	..	..	1	1
Chlorosis	1	1	1	..	1	2	6
Mammitis	..	..	..	1	2	1	4

Record of Diseases Treated—(Continued).

DISEASE.	April.	May.	June.	July.	August.	September.	Total.
Ovaritis	2	1	..	..	1	..	4
Mastitis	..	1	..	1	..	..	2
Glactorrhœa	..	2	1	..	..	..	3
ORDER 13—SPINAL DISEASES.							
Sciatica	1	1	..	1	1	..	4
Lumbago	..	..	..	..	1	..	1
ORDER 14—BONE AND MUSCLE DISEASES.							
Ostalgia	..	1	1	..	..	..	2
Necrosis	..	..	1	..	..	..	1
ORDER 15—SKIN DISEASES.							
Ptyriasis	..	..	..	..	1	..	1
Lichen	..	..	..	..	2	1	3
Prurigo	..	1	2	1	3	..	7
Ecthyma	..	..	2	1	..	1	4
Pemphigus	..	..	1	1	..	..	2
Psoriasis	..	4	2	2	1	1	10
Roseola	..	..	..	1	..	..	1
Eczema	1	4	5	2	3	3	18
Urticaria	6	1	2	1	..	3	13
Herpes	2	..	3	..	1	..	6
CLASS IV—DEVELOPMENTAL DISEASES (*Metamorphici*) ORDER 1—DEVELOPMENTAL DISEASES OF CHILDREN.							
Teething	5	2	3	13	12	2	37
ORDER 2—DEVELOPMENTAL DISEASES OF OLD PEOPLE.							
Old age	..	1	1	2	1	..	5
Debility	4	2	1	..	..	..	7
UNCLASSIFIED.							
Opium eating	..	..	2	1	..	..	3
Vertigo	..	..	1	..	..	..	1
Insanity	..	1	..	..	..	1	2
Teeth extracted	..	8	11	22	20	18	79
Pregnancy	1	..	1	1	4	..	7
Poisoning	1	1	..	..	3	..	5
Anæmia	1	3	1	2	4	1	12
Parturition	..	..	..	8	3	..	11
	224	198	206	252	240	151	1,271

Total number of different cases of diseases treated during the year, is 2,941.

Total number of visits to patients at their residences, 3,709.

Total number of prescriptions to patients at the rooms of the dispensary, 8,117.

Total number of visits and prescriptions, 11,886.

Total number of visits and prescriptions at the present time, 26,714.

Average number of visits per month, 309.

Average number of both visits and prescriptions, nealy 1,000 per month.

Comparative Summary of Diseases Treated, Classified by Regions.

DISEASES TREATED.	1868.	1869.	1870.	1871.*
Surgical	283	559	889	740
Skin	103	367	489	345
Head	45	96	155	176
Face	22	21	30	4
Eyes	93	178	159	204
Ears	40	27	84	54
Nose	.....	.....	26	
Throat	35	81	134	340
Lungs	147	412	528	1,032
Heart	10	14	24	69
Digestive organs	169	309	396	281
Liver	26	24	56	73
Kidneys and urinary organs	39	84	114	257
Bowels	91	194	256	602
Spine	1	10	22	30
Nervous system	39	114	90	170
Diseases of women	77	223	390	694
Diseases of children	70	122	136	172
Scrofula	11	.....	13	
Fever	19	.....	.....	
Rheumatism	86	.....	109	
Debility	37	.....	35	
Vaccinations	11	.....	18	81
Diseases of the mind	12	.....	1	
Not classified	169	.....	183	
Zymotic	61	610	318	694
Number of visits made	302	1,665	3,091	1,856
Dental cases	.....	.....	.....	70
Total	1,978	5,396	7,554	6,966

Report of the Attending Surgeon.

In presenting a report of the cases treated in the surgical department of this institution, it may be well to state that prior to the present year, both surgical and medical cases were treated and recorded together. Owing, however, to the increasing demand for surgical treatment, it was thought necessary at the commencement of the year, to establish a separate department, and to appoint an hour daily for the attendance of the surgeon. During the first six months, owing to the fact not being generally understood, the number of cases treated were not so numerous as in the latter half. The cases treated were, as is usual in all dispensary practice, principally those of minor surgery; there were, however, several exceptions. There were four cases of dislocations, four of fractures, two operations for hydrocele, one for ranula, and two for removal of tumors. Besides these there were several very extensive wounds dressed. Anæsthetics were administered whenever necessary. Owing to the want of proper room we are obliged to refrain from operating upon those suffering from diseases requiring hospital accommodations. While we feel confident that we are accomplishing all that can be expected in any dispensary alone, we are not ignorant of the vast amount of

* Six months, from October 1, 1870, to March 31, 1871.

good which might and will be performed when facilities are afforded for the reception and care of in-door patients.

During the year, 1,935 prescriptions have been made to 535 patients.

Abscess	8
Adenitis	3
Aneurism	1
Bunion	3
Burns	10
Blepharitis	7
Bronchocele	2
Chancroid ulcer	12
Conjunctivitis	30
Caries	5
Carcinoma	1
Dislocations	4
Epistaxis	8
Entropion	2
Fractures	4
Furunculus	10
Gonorrhœa	10
Ganglion	3
Gleet	2
Hydrocele	2
Hernia	4
Iritis	1
Keratitis	5
Ingrowing toe nails	1
Morbus coxarius	2
Necrosis	1
Nasal polypi	2
Otorrhœa	6
Otitis	5
Ostitis	1
Opacity of cornea	1
Paronchia	10
Periostitis	2
Parulis	2
Parorchidium	1

Removal of foreign bodies	10
Ranula	2
Rachitis	1
Sprain	20
Styes	1
Synovitis	3
Sclerotitis	2
Staphyloma	1
Seborrhœa	3
Scirrhus	2
Scald	2
Tumors	8
Tongue-tie	4
Torticollis	1
Urethral stricture	3
Ulcers	24
Vaccinations	17
Varicosis	3
Verruca	2
Varicocele	2
Wens (operations)	1
Wounds (contused)	40
" (lacerated)	16
" (gunshot)	3
" (incised)	9
" (punctured)	2
" (poisoned)	1
Total	335

Number of prescriptions, 1,935.

Report of the Dental Staff.

The dental department of the dispensary, under the supervision of the dental staff, has been for the past year in a flourishing condition, and is at the present time in complete order in all respects. The chair and instruments of the department are of the most convenient and useful kinds, and everything necessary for surgical treatment of the mouth has been provided. The operations of this branch seem to be largely on the increase, and the consequences have been and

will be of great benefit to hundreds requiring the aid of the dental profession. Upwards of two hundred and fifty extractions and operations have been performed during the past year, with entire success.

REPORT OF THE LIBRARIAN.

Classified List of Books in Library.

Anatomy.

Manual of General Anatomy. Bell's Anatomy, 4 vols. Cheselden's Anatomy. Wistar's Anatomy, 2 vols. Innis' Description of Muscles. Beck's Murray.

Materia Medica.

Hempel's Homœopathic Materia Medica. Homœopathic Materia Medica, New Remedies, Hale. New Manual, Jahr & Possart. Edinburgh, New Dispensatory. Paris Pharmacollogia. Hull's Jahr, Snelling Repertory. U. S. Pharmacopeia. Manual of Materia Medica. Reese's Materia Medica.

Chemistry.

Henry's Chemistry. Thompson's Chemistry. Turner's Chemistry. Hand Book of Chemistry, Abel & Broxam.

Surgery.

Velpeau's Operative Surgery, Mott, 3 vols. Velpeau's Operative Atlas, Mott. Cooper's Surgery. Bell on Ulcers. Operative Surgery. Bell's Operative Surgery, 2 vols. Doorsay's on Cooper. Copeland on the Rectum.

Theory and Practice.

Baehr's Science of Therapeutics. Nervous Disorders, Dr. Peters. Wilson's Febrile Diseases. Lommius on Fevers. Pemberton's Treatise. Underwood's Diseases of Children. Ruchert on Headaches. Eberles' Therapeutics. Ruchert on Apoplexy. Ferriars' Medical Histories. Friend on Fevers. Consumption, Hitchman. Hydriatic Treatment of Scarlatina. Hull's Laurie. Chapman's Therapeutics. Good's Study of Medicine. Gregory's Practice. Parent's Guide, by Laurie. Greenhow on Cholera. Goodwin on Respiration. Modern Practice of Physic. Armstrong on Fevers and Consumption. Domestic Medicine. Dewees' Practice. Thatcher's Practice. Joslin on Cholera. Buchanan's Domestic Medicine. Hempel & Beakley's Homœopathic Practice.

Physiology.

Dyspepsia and its Regimen. Carpenter's Physiology.

Miscellaneous (Medical).

Thompson's Guide to Health. Medical Papers. Hooper's Medical Dictionary. Dunglison's Medical Student. Neil and Smith's Compendium of Medicine.

Miscellaneous.

Perils of Ocean and Wilderness. History of Catholic Missions.

Transactions of Societies.

Transactions of New York State Homœopathic Medical Society, 8 vols. Transactions of New York State Eclectic Medical Society, 3 vols. Transactions of New York State Allopathic Medical Society, 1 vol. Transactions of the New York State Agricultural Society, 1868, 1869, 3 vols. Transactions of American Institute, 1867, 1868 and 1869, 2 vols.

Medical Magazines and Journals.

Homœopathic Sun, 1868. Ohio Medical and Surgical Report, 1869. North American Journal of Homœopathy, 1869, 1870 and 1871. Hahnemannian Monthly, 1870. American Observer, 1870 and 1871. American Journal of Homœopathic Materia Medica, 1871.

Constitution and By-Laws.

Constitution.

Article 1. This association shall be known as the Albany City Dispensary Association.

Art. 2. The object of this association shall be the establishment of a homœopathic dispensary in the city of Albany, for the purpose of furnishing medicines and medical attendance to persons who are unable to pay for them.

Art. 3. An annual contribution to its funds shall constitute the donor a member of this association.

Art. 4. The management of the affairs of the association shall be under the direction of a board of trustees, to consist of not less than twenty-one or more than twenty-nine members, seven of whom shall be homœopathic physicians. They shall be elected annually from the members of the association, a majority of the members present being

necessary to a choice. Vacancies occurring in the board during the year shall be filled by an election of the board at its next meeting.

ART. 5. The officers of the board of trustees shall be president, vice-president, treasurer and secretary, to be elected by ballot by the board, at the annual meeting, a majority being necessary to a choice.

By-Laws.

SECTION 1. The annual meeting of this association shall be held on the first Tuesday of October in each year, at which time the officers of the board of trustees shall submit their annual reports.

§ 2. The board of trustees shall meet twice in each year; the first meeting being in conjunction with the annual meeting of the association, and the second meeting six months thereafter. Five trustees shall be necessary to constitute a quorum for the transaction of business. At these meetings the attending and resident physicians of the dispensary shall be appointed.

§ 3. The officers of the board of trustees shall be *ex officio* the officers of the association; and in the absence of any or all of them the vacancy shall be supplied *pro tem.* by the association.

§ 4. It shall be the duty of the president or vice-president to preside at the meeting of the association and of the board of trustees, and in case of the absence of both, a presiding officer shall be elected *pro tem.* It shall also be his duty to call a special meeting when requested in writing by three or more members of the association.

§ 5. It shall be the duty of the secretary to keep a record of the proceedings of the association and board of trustees, and to give written notice of special meetings of the board.

§ 6. It shall be the duty of the treasurer to receive all moneys belonging to the association, and to make all disbursements authorized by the board. He shall make a report semi-annually to the board, and annually to the association.

§ 7. The treasurer's accounts shall be audited annually by a committee of two members of the association, to be appointed by the president.

§ 8. The dispensary shall be open for at least one hour each day, at which time it shall be the duty of one of the physicians appointed by the board of trustees to be present.

§ 9. In order to defray the expenses of the dispensary, a committee of three shall be appointed from the association to raise funds for that purpose.

§ 10. The board of trustees shall, from time to time, make such appropriations as may be deemed necessary for the purchase of medicines, surgical instruments, and all other articles requisite for the proper conducting of a homœopathic dispensary; said purchase to be made by a committee of three physicians, to be appointed by the board.

§ 11. A record book or books shall be purchased for this dispensary, in which the name of each patient shall be inscribed; the date of reception; a detail of the case; treatment and the result, if known; to be kept by the attending physician.

§ 12. The foregoing constitution and by-laws may be amended at any annual meeting of the association, by a vote of two-thirds of all the members present.

A Noble Charity.

[From the Evening Journal, November 29, 1871.]

Those who believe in faith being shown by works, cannot but be interested in the success of any institution in which faith is shown in a display of the greatest of the virtues, Charity. When Abou Ben Adhem found that his name was not entered on the angel's record of those who loved the Lord, he prayed the shining presence to write him as one who loved his fellow men. The angel wrote as requested, and when Abou next saw the golden record, behold first on the list of those who love the Lord, stood his own name—awarded the place of honor, because in loving my brethren "ye did it unto me."

It needs no argument to prove that dispensaries are among the noblest fruits of Christianity, in its practical vital manifestation; and certainly dispensary physicians are entitled to be enrolled with Abou Ben Adhem as lovers of their fellow men. Says a recent writer, in speaking of the labors of dispensary physicians: "The work is very laborious, requiring the ascent of many stairs, the diving into cellars, rear buildings, in and through filth, handling the most loathsome, dirty, drunken, abandoned of every class of society, exposed to the pestilence that walketh at noon-day, and venom that walk at all times."

The fourth annual report of the Albany City Dispensary is now being printed, and we have been led to the foregoing remarks on glancing over its proof sheets. A comparison of the history of the dispensary during the past year with that of the first three years, affords very gratifying evidence of progress and of steadily increasing usefulness. The dispensary is located at No. 7 Plain street, and is

designed to afford gratuitous medical and surgical aid to the poor. Since its establishment it has proved itself at all times most worthy of the hearty support of all who are interested in measures designed to minister to the relief of the physical wants of the destitute of our city.

The dispensary is free to all applicants, and medical and surgical treatment are rendered at all hours of day or night. It is located in a district containing a population of upwards of 25.000 persons. Of this number one-eighth, as indicated by the report of the resident physician, rely on this institution for such medical and surgical aid as it is designed to furnish.

Prior to the first of May last rooms on the lower floor only, in the present building, were devoted to the uses of the dispensary. Since that time three rooms on the second story have been added. The rooms of this second floor are set apart for the treatment of diseases peculiar to women, for which a daily clinic for the care of diseases of this class as been established. Important improvements and increased facilities for the reception and care of patients have also been made in the arrangements of the reception and consulting rooms on the first floor.

The managers of the dispensary and its friends feel the need of hospital accommodations for the proper care and treatment of indoor patients. It is, of course, desirable to increase the usefulness of the institution as far as possible; and it is, therefore, to be hoped that those who are charitably inclined will contribute to the fund to secure a building having ample accommodations for both dispensary and hospital.

It appears from the report of the resident physicians that there has been an increase during the past year, in the number of cases and prescriptions, of nearly fifty per cent over the number presented in the last report.

LXI.

Report of the Gates Avenue Homœopathic Dispensary.

By SAMUEL TALMAGE, M. D., House Physician.

Established February 7, 1867; located at the junction of Gates and Fulton avenues, Brooklyn.

OFFICERS, 1871.

President.—General Stewart L. Woodford.

Secretary.—Volney Aldridge.

Treasurer.—Peter Notman.

Board of Trustees.—S. L. Woodford, V. Aldridge, Peter Notman, Dr. J. L. Keep, Jay C. Wemple, Robert D. Benedict and Peter Milne, Jr.

Medical Staff.

Medical Director.—Dr. J. L. Keep.

House Physician.—Dr. Samuel Talmage.

Attending Physicians.—Drs. Wm. C. Bryant, and J. L. Mon monier.

Staff of Consulting Physicians.—Drs. A. E. Sumner, John F. Talmage.

Staff of Consulting Surgeons.—Drs. Melville Bryant, G. H. R. Bennett.

REPORT OF THE HOUSE PHYSICIAN.

The Gates Avenue Homœopathic Dispensary is now more than half through the fifth year of its existence.

During the past year we have added another room for consultation and examination of patients, and also increased the number of attending physicians.

In December last, Dr. M. Bryant, assisted by Drs. G. H. R. Bennett, J. L. Keep and Samuel Talmage, successfully removed a large scirrhus cancer from the right breast of a female patient, aged fifty years. After the wound caused by the operation healed, the patient appeared perfectly well.

During the year ending October 1st, 1871, the number of patients treated was twenty-five hundred and sixty-eight; the number of pre-

scriptions dispensed was forty-one hundred and thirty-five; the number of patients visited at their homes two hundred and five, and the number of persons vaccinated, twenty-seven.

Financial Statement.

Receipts	$2,000 00
Expenditures	$2,000 00

Value of personal property, including furniture, about $400.

LXII.

Report of the Dispensary of the Brooklyn Homœopathic Hospital.

Located at No. 178 Atlantic street, Brooklyn, New York.

Officers, 1871.

Dispensary Committee.

Dr. A. E. Sumner, Charles A. Townsend, James A. Cowing.

Medical Board—Attending Physicians.

Diseases of the Eye and Ear.—Drs. W. S. Searle, and St. Clair Smith.

Diseases of the Nervous System.—Dr. Wm. Briggs Garside.

Diseases of Women.—Dr. D. A. Gorton.

Diseases of the Digestive Organs and of the Skin.—Dr. J. Westfall Eliot.

Diseases of the Throat and Nasal Passages.—Dr. E. J. Whitney.

Diseases of the Heart and Lungs.—Dr. C. T. Hamilton.

House Physician and Secretary to the Board.—Dr. S. Edward Stiles.

Attending Surgeons.—Drs. John C. Minor, Wm. L. Fiske, Julius L. Monmonier.

Consulting Occulist.—Dr.. C. T. Liebold.

Statement.

The Brooklyn homœopathic dispensary was incorporated December 5, 1852, and the second floor of No. 50 Court street was opened as a dispensary on January 3, 1853, J. T. P. Smith being in charge.

The number of patients treated prior to 1870 is shown by the following table:

	Patients.
In 1853	304
1854	464
1855	701
1856	1,180
1857	1,442
1858	1,937
1859*	1,438

* In 1859 and 1863 there was a decrease in the number of patients, in consequence of the removal of the dispensary to new locations.

	Patients.
In 1860	3,594
1861	3,241
1862	1,728
1863*	1,506
1864	1,824
1865	3,965
1866	4,802
1867	6,798
1868	9,807
1869	10,260

The institution was entirely sustained by private subscriptions until 1854, when an effort was made to procure aid from the city government, and an appropriation was made the next year, of $1,000, "*for the dispensaries of the city,*" (the Brooklyn dispensary and the Brooklyn homœopathic.) But in consequence of the older dispensary claiming the "lion's share," none of the money was received until 1857, when a compromise was effected; this institution receiving one-third, and the Brooklyn dispensary *two-thirds* of the appropriation for the two years previous. Dr. B. C. Macy was in charge from 1854 to 1858, during which time (in 1857,) the dispensary was removed to his house, No. 83 Court street, where, in 1858, Dr. Frank Bond succeeded him as resident physician. In 1857 an attempt had been made to get an appropriation from the State Legislature, of $500, but it was stricken out at the final passage of the act; and when finally obtained, was but $150 per annum, until 1868, when $400 was granted, increased to $500 in 1869, and to $1,000 in 1871.

In 1864, Mr. Chas. A. Townsend was elected president. The dispensary then moved to 186 Atlantic street, where it occupied rented rooms with Dr. A. E. Sumner as medical director.

It was soon evident that it must have a building of its own, and an effort was made, resulting in 1865, in the purchase of the building then occupied, which was fitted up for its use, and C. T. Hamilton, M. D., became the house physician.

This building is situated at No. 178 (late 186) Atlantic street, in one of the most populous quarters of the city. It is of brick, three stories high, and has been furnished in the most perfect manner, and it is believed that it is not surpassed by any of the metropolitan dispensaries.

The dispensary has a most convenient and central location, and, owing to this and to improvements making in its immediate vicinity,

* Partial record kept of patients—not complete.

is rapidly appreciating in value. Passing through the front hall into the first room on the left, the visitor finds himself in the large reception room, which is filled up with rows of settees and seats for the use of the patients who are waiting registry and assignment to the different departments. This room is, on a majority of the days of the week, well filled, and not unfrequently crowded with patients.

Immediately in the rear of this room, and separated from it by an arched way, is the office where the patients are registered, giving their names, birth-place, residence, age, and the disease or accident from which they may be suffering. Here, also, is the pharmacy, from which the various departments are supplied and the prescriptions made up. Here, also, are kept the books of the institution, which once a month are laid before, and are examined and approved by the board of trustees.

As soon as registered and examined, each patient is given a neat card, giving the department to which, according to the disease or injury, he or she is assigned, the name of the physician or surgeon, the day and the hour when the patient is to attend, and the page of the register where his or her name is recorded. This card the patient is required to present at each attendance.

Adjoining the office is a room devoted to the treatment of diseases of the digestive organs. This department is under the charge of I. Westfall Elliot, M. D.

On the second floor, in the rear, is a large room devoted to the operations of surgery. There are three surgeons who have charge of this department, who attend here on alternate days of the week. Dr. John C. Minor on Wednesdays; Dr. Wm L. Fiske on Fridays, and J. L. Monmonier, M. D., who is in attendance every day. In this department are to be found all the varied appliances of the surgical art.

Between the rear and front room is the laboratory, completely furnished with apparatus, reagents, etc.

The front room is devoted partly to the use of the library. This contains a large variety of medical and scientific works, and journals of every school and practice of medicine. Here, also, is the department for the treatment of diseases of the eye and ear, under charge of Dr. W. S. Searle and Dr. St. Clair Smith.

In the rear of this room is a dark chamber for ophthalmoscopic examinations. This department has been recently furnished with a complete set of instruments for operations on the eye, and a Knapp's operating chair.

The department for diseases of the nervous system, in charge of Wm. Briggs Garside, M. D., who attends on Tuesday, Thursday and Saturday, from one to three o'clock, and the department for diseases of women, under charge of D. A. Gorton, M. D., on Monday, Wednesday and Friday, at the same hours, occupy the next room on this floor.

E. J. Whitney, M. D., is in charge of the department for diseases of the throat and nasal passages. This department has a separate room on this floor.

Especial attention is called to the fact that this is the first public opportunity offered the profession in Brooklyn to witness the demonstration of diseases of the larynx and nasal cavities by means of the laryngoscope.

This clinic is held on Mondays, Wednesdays and Fridays from one to three in the afternoon. The instruments and apparatus used in these departments, especially those for the treatment of diseases of the larynx, throat and nose, and the galvanic and electrical apparatus for the treatment of nervous diseases are the most modern and valuable.

It is the intention of the trustees, under the regulations of the hospital, to make these clinics not only a practical charity for the poor, but also a source of instruction to students and practitioners; in accordance with this plan, whenever capital operations are to be performed, notice is sent to those physicians who may wish to be present. At all times, however, the clinics are open to the profession, and it is hoped that this undertaking will receive their hearty co-operation and support.

They are also urgently requested to send to the dispensary such duplicate volumes of medical books, or odd volumes or numbers of medical journals, as they may be able to spare from their libraries, that complete sets may be formed and bound, and added to our library. All who may feel so disposed are invited to come to the institution and inspect it, and see for themselves the manner in which this charity is conducted.

On the third floor is a room fitted as a dissecting room, with table, water and gas.

The whole building is in good order, and is valued at $14,000. The dispensary now receives $1,500 from the city and $1,000 from the State. It is open daily from one to four o'clock (Sundays excepted). It is now a branch of the Brooklyn Homœopathic Hospital, and is managed by a committee of three from the board of trustees of that institution.

REPORT OF THE HOUSE PHYSICIAN.

Number of Patients and Diseases, from September 30, 1870, to September 30, 1871.

1870-1.	Digestive organs.	Heart and lungs.	Throat and nasal passages.	Eye and ear.	Skin diseases.	Diseases of women.	Nervous system.	Surgical cases.	Dental surgery.	Genito-urinary organs.	Diseases of the blood.	Vaccination.	Monthly totals.	Prescriptions.
October	182	85	....	135	....	63	37	77	31	....	....	62	672	1,073
November	173	74	....	88	....	53	31	97	51	....	....	40	607	917
December	168	71	....	83	....	55	27	91	55	....	....	47	597	983
January	157	107	....	97	....	42	21	77	54	....	....	43	598	1,013
February	136	117	....	92	....	47	19	73	51	....	....	28	563	1,010
March	157	132	....	103	....	63	37	75	63	....	....	36	666	1,232
April	111	102	....	96	....	51	23	67	54	....	....	44	548	1,079
May	152	116	....	39	38	29	33	27	14	7	54	346	855	1,229
June	222	98	....	84	36	41	22	27	11	14	29	470	1,004	1,004
July	245	95	....	58	33	29	24	44	14	7	40	26	615	1,204
August	262	139	....	40	38	21	29	43	5	7	51	7	642	1,283
September	177	122	25	46	33	22	24	39	1	8	64	13	574	1,068
Total	2,142	1,258	*25	911	†178	516	327	736	404	‡43	§238	1,162	7,940	13,115

* Prior to September, 1870, the departments of diseases of the heart and lungs, and that of diseases of the throat and nasal passages, were combined under the title of diseases of the throat and chest.

† In May, 1870, diseases of the skin were made a separate department, being previously treated in the eye, ear and skin department.

‡ Before May, 1870, these diseases were treated in the department of the digestive organs.

§ Treated by the physician in charge of the department of the digestive organs.

Extract from the Brooklyn Union.

A Noble Charity—A Panacea for the Poor—A History of the Homœopathic Hospital.—Among the noble charities for which Brooklyn is justly celebrated the Brooklyn Homœopathic Dispensary occupies a prominent position in the confidence and esteem of the community. This institution is located at 178 Atlantic street, in a commodious building owned by the incorporated board of trustees. This building has been recently refitted in a most thorough manner, and been put in complete order, the whole designed exclusively for the use of the sick poor of the city, who are entitled in the freest manner to its humane advantages.

A representative of *The Union* recently paid a visit to this institution, and through the kindness of the medical director, A. E. Sumner, M. D., was afforded means for a complete examination of the various departments of this noble charity.

The dispensary has a most convenient and central location, and owing to this and to improvements making in its immediate vicinity, is rapidly appreciating in value. Passing through the front hall into the first room on the left, the visitor finds himself in the large reception room, which is filled up with rows of settees and seats for the use of patients who are waiting registry and assignment to the different departments. This room is, on a majority of the mornings of the week, well filled, and not unfrequently crowded with patients.

Immediately in the rear of this room, and separated from it by an arched way, is the office where the patients in order are registered, giving their names, birth-place, residence, age, and the disease or accident from which they may be suffering. Here, also, on each side of the room, are large cases filled with all the remedies known to the healing art, constituting the pharmacy, from which the various departments are supplied, and from which the prescriptions are made up. Here, also, are kept the books of the institution, which once a month are laid before the board of trustees, and are examined and approved by them.

As soon as registered and examined, each patient is given a neat card, giving the department to which, according to the disease or injury, he or she is assigned, the name of the physician or surgeon, the day and hour when the patient is to attend, and the page of the register where his or her name is recorded. This card the patient is required to present at each attendance.

Adjoining the office is a room devoted to the treatment of diseases

of the digestive organs. This department is under the charge of D. I. Westfall Elliot.

On the second floor, in the rear, is a large room devoted to the operations of surgery. There are three surgeons who have charge of this department, who attend here on alternate days of the week. Dr. John C. Minor, who is always on Wednesday to be found at his post; Dr. William Tod Helmuth, who attends on Mondays, and Dr. Wm. L. Fiske, who attends on Fridays. In this department are to be found all the varied appliances of the surgical art.

Between the rear and front rooms is the laboratory, completely furnished with instruments, apparatus, reagents, etc.

The front room is devoted partly to the use of the library. This contains a large variety of medical and scientific works, and journals of every school and practice of medicine. Here, also, is the department for the treatment of diseases of the eye, ear and skin, under charge of Dr. W. S. Searle, and Dr. Smith.

At the rear of the room is a small dark chamber, painted black within, constituting a species of *camera obscura*. In this dark chamber the examination of the eye of the patient is made by the aid of a peculiar and powerful light. The chair for the reception of the patient during examination and operation is a complicated and ingenious affair, by means of which any required position may be given to the body.

Another department is devoted to treatment of diseases of the nervous system, over which Dr. Briggs presides; another for the treatment of diseases of women, under Dr. D. A. Gorton; another for diseases of the throat, Dr. E. J. Whitney; and diseases of the chest, Dr. C. T. Hamilton.

The instruments and apparatus used in these departments, especially those for the treatment of diseases of larynx, throat and nose, and the galvanic and electrical apparatus for the treatment of nervous diseases, are the most modern and valuable.

Another department of the dispensary is devoted to the accommodation of such patients as have been operated upon, and for private nursing, and attention during convalescence. This new department is increasing rapidly.

A recent purchase by the trustees of the property of the Cumberland street orphan asylum, for the purpose of converting the same into a hospital, is another enterprise calculated to largely increase the value of the homœopathic dispensary. This building is located

in Cumberland street, near Myrtle avenue, and will comfortably accommodate one hundred and fifty patients. It is proposed to raise the roof, and put the building in complete order. It will be known as the Brooklyn Homœopathic Hospital. The property cost $27,000, and when refitted and furnished will have cost not far from $50,000. The first impetus to the establishment of a hospital was the successful ball given at the Academy of Music last year. The Legislature afterward appropriated $10,000 for this purpose. It is hoped and confidently expected that the remainder of the money necessary to put the institution on a firm financial basis will be raised during the coming season. The first step will be the soliciting of private subscriptions. This has already been done to some extent, with good success. In a few weeks there will be given a series of private theatricals at the Academy of Music, which will in time be announced; and during the season another grand ball will be given on the plan of the one given last winter.

The president of the board of trustees of the homœopathic dispensary is Chas. A. Townsend, Esq.; vice-president, A. B. Capwell, Esq.; treasurer, John P. Atkinson, Esq.; secretary, J. Howard Cowing, Esq.; secretary of the medical board, S. E. Stiles, M. D.

The following is as complete a list as can now be obtained of those physicians and surgeons who have been connected with the institution since its organization:

H. F. Aten, M. D.; John Barker, M. D.;* Gustavus Bloede, M. D.; Frank Bond, M. D.; G. H. Billings, M. D.; Geo. A. Bowen, M. D.; A. H. Brockway, Surgeon Dentist; D. M. Brown, M. D.; Joel Bryant, M. D.;* Melville Bryant, M. D.; A. C. Burke, M. D.; S. B. Doty, M. D.; J. P. Duffin, M. D.; Carroll Dunham, M. D.; J. P. Dinsmore, M. D.; J. B. Elliott, M. D.; J. W. Eliot, M. D.; B. Fincke, M. D.; Wm. L. Fiske, M. D.; W. B. Garside, M. D.; R. B. Gray, M. D.; J. H. Gunning, M. D.; Egbert Guernsey, M. D.; C. T. Hamilton, M. D.; Henry Holt, M. D.; E. Hasbrouck, M. D.; A. Cooke Hull, M. D.; Wm. Tod Helmuth, M. D.; F. G. Johnson, M. D.; J. L. Keep, M. D.; O. R. King, M. D.; C. T. Liebold, M. D.; B. C. Macy, M. D.; Horace May, M. D.;* R. C. Moffat, M. D.; Jno. C. Minor, M. D.; H. Minton, M. D.; H. E. Mirick, Surgeon Dentist; I. L. Monmonier, M. D.; H. E. Morrill, M. D.; George V. Newcomb, M. D.; W. L. R. Perrine, M. D.; Robert Rosman, M. D.;* John Rosman, M. D.; H. W. Richter, M. D.; E. T. Richardson, M.

* Deceased.

D.; W. S. Searle, M. D.; St. Clair Smith, M. D; A. E. Sumner, M. D.; S. E. Stiles, M. D.; John F. Talmage, M. D.; Samuel Talmage, M. D.; Charles Terry, M. D.; John Turner, M. D.; Wm. H. Vyse, M. D.; H. H. Warner, M. D.; —— Warner, M. D.;* P. P. Wells, M. D.; D. F. Wells, M. D.; A. Wright, M. D.; J. S. Watson, M. D.; E. J. Whitney, M. D.; J. H. Zimmerman, M. D.*

List of Books in the Library of the Brooklyn Homœopathic Dispensary.

1. Hahnemann's Chronic Diseases. Trans. by Hempel. N. Y., 1845. 5 vols.
2. Jahr's New Manual. Trans. by Hempel. N. Y., 1853. 3 vols.
3. Hale, E. M. New Remedies. Detroit, 1867.
4. Peters, J. C. Internal Diseases of the Eyes. N. Y., 1856.
5. Peters, J. C. Diseases of Females. N. Y., 1854.
6. Peters, J. C. Diseases of the Eyes. N. Y., 1854.
7. Hughes, R. Manual of Therapeutics. N. Y., 1869.
8. Franklin, E. C. Science and Art of Surgery. St. Louis, 1867. Vol. I.
9. Dalton's Physiology. 3d edition. Phila., 1864.
10. Gross, H. Comparative Materia Medica. Edited by Hering. Phila., 1867.
11. Stellwag on Diseases of the Eye. 2d Am. edit. N. Y., 1868.
12. Politzer, A. The Membrana Tympani in Health and Disease. N. Y., 1869.
13. Parrish, Jos. Practical Observations on Strangulated Hernia. Phila., 1836.
14. Copland, Jas. Dictionary of Practical Medicine. N. Y., 1860. 3 vols.
15. Wood, G. B. Practice of Medicine. 5th ed. Phil., 1858. 2 vols.
16. Bennett, J. H. Clinical Lectures. N. Y., 1860.
17. Maclise, Jos. Surgical Anatomy. Phil., 1851. Folio.
18. Paine, M. Materia Medica. 3d ed. N. Y., 1859.
19. Tripler and Blackman. Handbook for the Military Surgeon. 2d ed. Cincinnati, 1861.
20. Thomas, J. Comprehensive Medical Dictionary. Phil., 1869.
21. Moss, Wm. An Essay on the Management and Feeding of Infants. Phil., 1808.

* Deceased.

22. Thomas, T. G. Diseases of Women. 2d ed. Phil., 1869.

23. Instructions for Government of the Medical Officers of the Navy. Washington, 1862.

24. Webster, N. History of Epidemic and Pestilential Diseases. Hartford, 1799. 2 vols.

25. Mortality statistics of the census, 1850. Washington, 1855.

26. Transactions of the N. Y. State Homœopathic Medical Society. Albany, 1864.

27. Black, Jos. MSS. Lectures on Chemistry. Edinburgh, 1786. 4 vols. 4to.

28. Pancoast, Jos. Treatise on Operative Surgery. 2d edition. Phil., 1840. 4to.

29. Jahr's New Manual of the Homœopathic Materia Medica. N. Y., 1869.

30. Bauer, L. Remarks on Dr. Sayre's paper, "A New Operation for Artificial Hip Joint," etc. N. Y., 1869.

31. Franklin, E. C. Osteo-Sarcoma of the Inferior Maxillary, Hypertrophy of Tarso-Phalangeal Articulation. Albany, 1868.

32. Transactions of the American Institute of Homœopathy for 1859.

33. Transactions of the American Institute of Homœopathy for 1867.

34. Proceedings of the American Institute of Homœopathy for 1854. New York, 1854.

35. Proceedings of the American Institute of Homœopathy for 1855. Pittsburg, 1855.

36. Proceedings of the American Institute of Homœopathy for 1856. Baltimore, 1856.

37. Proceedings of the American Institute of Homœopathy for 1857. Chicago, 1857.

38. Proceedings of the American Institute of Homœopathy for 1860. New York, 1860.

39. Proceedings of the American Institute of Homœopathy for 1865. Chicago, 1865.

40. Peters, J. C. Science and Art, or Principles and Practice of Medicine. Vol. I, Nos. 1, 2, 3. (Remaining numbers wanted.)

41. The Voluntary System of Medical Education. Philad., 1854.

42. North American Homœopathic Journal. New York. Vols. I, 1851; II, 1852; III, 1853.

43. London Lancet. Vols. for 1867, 1868, 1869. (No. 11, Nov. 1869, wanted.)

44. Philadelphia Journal of Homœopathy. Vol. I, 1852–3.

45. U. S. Medical and Surgical Journal. Chicago. Vols. I, II, III, IV. (No. 14, Jan., 1870, wanted.)

46. American Journal of Obstetrics. New York. Vols. 1 and 2, 1868–70. (Feb., 1870, wanted.)

47. Monthly Homœopathic Review. London. Vol. XI, 1867.

48. American Magazine of Homœopathy and Hydropathy, 1851. Nos. 1 and 2, 1852; Nos. 5, 6, 7 and 10.

49. Medical Record. New York. Vols. 1, 2, 3 and 4, 1866–70. (Nos. 22, 23, vol. 4, wanted.)

50. Eclectic Medical Journal. Philad. Vols. VI and VII.

51. British Journal of Homœopathy. London. Vols. 24, 25, 26, 27.

52. Braithwaite's Retrospect, American ed. New York. Vols. 1867, 1868, 1869.

53. American Journal of Homœopathic Materia Medica. Philad. Vol. 2, 1868–9.

54. Hahnemannian Monthly. Philad. Vol. 5, 1868–9.

55. New England Medical Gazette. Boston. Vol. 4, 1869, and vol. 3 (wanting first No.)

56. Richmond and Louisville Medical Journal. Louisville. Vols. 7 and 8, 1869.

57. New York Journal of Medicine, 1860. Nos. C, CI, CII (July, Sept., Nov., wanted.)

58. American Homœopathic Observer. Detroit. Vol. I, (except Nos. 6, 7, 8, 10, 11); vol. II, (except Nos. 1, 6); vol. III, (except Nos. 8, 9, 10, 11); vol. IV, (except Nos. 3, 9, 10); vol. V, (except No. 9); vol. VI, (except 5, 8, 9, 10, 11, 12). These numbers wanted.

59. American Homœopathic Review. New York. Vol. I; vol. II, (No. 2 wanted); vol. V, (Nos. 1, 5, 10, 11, wanted).

60. Archives of Ophthalmology and Otology. New York, 1869. Vol. I, part 1.

61. Rodman, Wm. W. Address at the Eighteenth Annual Meeting of the American Institute of Homœopathy. Chicago, 1865.

62. Report of the Select Committee on the Health Department of the City of New York. Albany, 1859.

63. Ayres, Dan'l. Congenital Extrophy of the Urinary Bladder. N. Y., 1859.

64. Pereira, J. Treatise on Food and Diet, etc. Edit. by Chas. A. Lee. N. Y., 1850.

65. Bell, A. N. Malignant Pustule in the United States. Albany, 1862.

66. Ward, J. A. Pott's Disease, or Angular Curvature of the Spine. N. Y., 1860.

67. Homœopathy and the Metropolitan Board of Health. The Treatment of Cholera. N. Y., 1866.

68. Taylor, Chas. F. Pathology of Paralysis of Motion. N. Y., 1860.

69. Wilkinson, Jas. J. G. War, Cholera, and the Ministry of Health. Boston, 1855.

70. Snelling, F. G. Remarks on Diphtheria. N. Y., 1859.

71. Who, Which, What and Wherefore; a few facts for the homœopathic profession. Phil., 1860.

72. Eustaphieve, A. Homœopathia Revealed. 2d ed. N. Y., 1846.

73. Gray, Jno. F. The Duty of the State in relation to Homœopathy. N. Y., 1850.

74. Lafon, Thos. Review of the Homœopathic Controversy. Newark, 1856.

75. An Address to the Homœopathic Physicians of the State of New York, etc. Albany, 1852.

76. Norton, L. H. An Essay, Embracing a Synopsis of the Principles of Homœopathy, etc. Bridgeport, Ct., 1847.

77. Beakley, J. Valedictory Address at the Ann. Com. of the N. Y. Hom. Medical College. N. Y., 1861.

78. An Inquiry into the treatment pursued by the Medical Profession towards Homœopathic Practitioners, etc. By a Layman. N. Y., 1852.

79. Bryant, J. The Rival Schools of Medicine, or Homœopathy vs. Allopathy. N. Y., 1846.

80. Bowers, B. F. Address on the Life and Character of Benj. F. Joslin, M. D. N. Y., 1862.

81. Semple, M. Valedictory Address at the 12th Ann. Com. of the Hom. Medical College of Penn. Phila., 1860.

82. Metropolitan Board of Health. Ordinances and Rules. N. Y., 1866.

83. Allen, N. The Opium Trade. 2d ed. Lowell, 1863.

84. Proceedings of the Hom. Medical Society of the State of N. Y., 1852–3, 1863, and 1864.

Vaccine. Information upon the Prevention of Small-Pox by Vaccination. N. Y., 1860.

86. Medical Gazette, N. Y. Vols. 2 and 3.

87. American Medical Times, N. Y. Vols. I., II., III., VI., VII.

88. Reports in relation to the Statistics and Medical Treatment of the N. Y. Prot. Half Orphan Asylum for Seventeen Years. N. Y., 1853.

89. Brooklyn City Hospital; its Operations and Condition for 1854. Brooklyn, 1855.

90. Johnstone, H. Practical Observations on Urinary Gravel, etc. Edinburgh, 1806.

91. Ricord, Ph. A Practical Treatise on Venereal Diseases. Trans. by A. S. Doane, M. D. 3d ed. New York, 1848.

92. Cox, J. M. Practical Observations on Insanity. 2d. ed. London, 1806.

93. Smith, H. The Female Monitor. Wilmington, 1801.

94. Home, E. Treatment of Ulcers on the Legs. 2d. ed. London, 1801.

95. Mead, R. Medical Works of. Edinburgh, 1775.

96. Beddors, Th. Contributions to Physical and Medical Knowledge. Bristol, 1799.

97. Young, Th. Dissertatio Medica de Natura et Usu Lactis in Diversis Animalibus. Edinburgi, 1776.

98. Pott, Percivall. The Chirurgical Works of. New ed. London, 1808. 3 vols.

99. Bichat, X. Physiological Researches upon Life and Death; translated by Watkins. 1st American edition. Phil., 1809.

100. Mann, J. Medical Sketches of the Campaigns of 1812, '13, '14, etc. Dedham, 1816.

101. Baillie, M. Morbid Anatomy. 1st Am. ed. Albany, 1795.

102. Maclean, L. Nature, Causes and Cure of Hydrothorax. 1st American edition. Hartford, 1814.

103. Macbride, D. Experimental Essays on Medical and Philosophical Subjects. 3d ed. London, 1776.

104. Rush, Benj. Lectures on the Institutes and Practice of Medicine. Phil., 1801.

105. Freind, J. Commentaries upon Fevers, etc. London, 1730.

106. Dickinson, C. Nature and Causes of Fever. Edinburgh, 1785.

107. Brookes, R. Introduction to Physics and Surgery. London, 1763.

108. Bree, R. Practical Inquiry into Disordered Respiration, etc. Phil., 1811.

109. Lobb, T. General Medical Principles and Cautions. London, 1753.

110. Allen, J. Synopsis Medicinæ, etc. 3d ed. London, 1749.

111. Gregory, John. Duties and Qualifications of a Physician. London, 1772.

112. Jones, C. W. Lectures on the most approved Principles and Practice of Modern Surgery. 1st Am. ed. Boston, 1823.

113. Beddors, Thos. On the Medical and Domestic Management of the Consumptive, etc. Troy, 1803.

114. Blair, Wm. Practical Observations on the Management of Rupture. London, 1809.

115. Cullen, W. Synopsis and Nosology. Hartford, 1792.

116. Denman, T. Aphorisms on the Application and Use of the Forceps and Vectis. Philad., 1803.

117. The Elements of Medicine, or a Translation of the Elementa Medicinæ Brunonis. London, 1788, 2 vols.

118. The Commentaries upon the Aphorisms of Dr. Herman Boerhaave, trans. by Van Swieten. London, 1754, 1773. 18 vols.

119. Cox, J. M. Observations on Insanity. London, 1806, 2d ed.

120. Bell, Benj. A System of Surgery, 2d Am. ed. Boston, 1791, 4 vols.

121. Sharp, S. Operations of Surgery, 8th ed. London, 1761.

122. Struve, C. A. Essay on the Art of Recovering Suspended Animation, translated. Albany, 1803.

123. Boerhaave's Medical Correspondence. London, 1745.

124. Metropolitan Board of Health. Annual Reports for 1866 and 1867, 2 vols.

125. Newton's Opticks. London, 1704, 4to.

126. Audin-Rouviere. La Medicine sans le Medicin. Paris, 1829.

127. Roberts, Wm. A Treatise on Urinary and Renal Diseases. Phil., 1866.

128. Bonninghausen, C. Therapeutic Pocket-book. N. Y., 1847.

129. Raue, C. G. Pathology and Therapeutics. Phil., 1869.

130. Aitkens, Wm. Science and Practice of Medicine. Phil., 1868.

131. Hewitt, G. Diseases of Women, 1st ed. Phil., 1868.

Report of the Library in 1871.

Since the last report the library has been increased by the addition of the following works, by donation and purchase:

By Donation from John Sarle, M. D., of Brooklyn.

1. Fitch, S. S. Lectures on the Lungs. N. Y., 1847, 12mo.
2. Steward, W. Steward's Healing Art. Saco, Me., 1827, 12mo.
3. Parkinson, J. Medical Admonitions to Families. Portsmouth, N. H., 1803, 8vo.
4. Thomson, Alex. The Family Physician. N. Y., 1802, 8vo.
5. Hall, Marshall. Disorders of the Digestive Organs, etc. Keene, N. H., 1823, 8vo.
6. Hale, E. M. The Homœopathic Treatment of Abortion, etc. Chicago, 1860, 8vo. p.
7. Churchill, J. F. On Pulmonary Phthisis, etc. N. Y., 1860, 8vo.
8. Minton, H. Uterine Fibroid Tumors. Albany, 1870, 8vo. p.
9. New York State Medical Society Transactions for 1850.
10. New York State Medical Society Transactions for 1857.
11. Marine Hospital at Quarantine. Report for 1857. Albany, 8vo. p.

And many numbers of medical journals, completing several of our sets.

From H. R. Stiles, M. D., of New York.

12. Gollman, W. Diseases of the Urinary and Sexual Organs. Phila., 1855. 8 vo.
13. Teste, A. Homœopathic Materia Medica. Trans. by Hempel. Phila., 1854. 8 vo.
14. Brooklyn. Report of the Health Officer of the City of 1870. Brooklyn, E. D., 1871. 8 vo., p.

From H. E. Morrill, M. D., of Brooklyn.

15. Joslin, B. F. Homœopathic Treatment of Epidemic Cholera.
16. Peters, J. C. Inflammatory and Organic Diseases of the Brain.
17. Peters, J. C. Nervous Derangements and Mental Disorders.
18. Gray & Hempel. Homœopathic Examiner. New Series.
19. Rokitansky's Pathological Anatomy. Part I. Abnormal Conditions of Organs of Respiration. Trans. by Peters.
20. Rapon on Typhoid Fever and its Homœopathic Treatment.
21. Tessier, J. P. On Asiatic Cholera. N. Y., 1855. 12mo.
22. Tessier, J. P. On Pneumonia. Trans. by Hempel.

23. Hahnemann's Chronic Diseases. Trans. by Hempel.
24. Hartmann's Acute Diseases. Trans. by Hempel.
25. Jahr's Diseases of the Skin. N. Y., 1850. 12mo.
26. Williamson's Diseases of Females and Children, with Hom. Treatment. N. Y., 1850. 12mo.
27. Ruckert. Therapeutics of Homœopathy. N. Y., 1846. 8 vo.
28. Ruckert on Apoplexy. Trans. by Peters. N. Y., 1853. 8 vo.
29. Hempel's Organon of Specific Homœopathy. Phila., 1854.
30. Hahnemann, S. Materia Medica Pura. Trans. by Hempel.
31. Henderson. Inquiry into the Hom. Practice of Medicine.
32. Forbes' Homœopathy, Allopathy and "Young Physic."
33. Willard, E. On the Circulation of the Blood. N. Y., 1846.
34. Jahr and Possart. New Manual of Mat. Med. Trans. by Hempel. 4th ed. N. Y., 1853. 8vo.
35. Bird, Golding. Urinary Deposits. Phila., 1819. 8vo.
36. Jahr and Grunner's Pharmacopiæ. Edit. by Hempel.
37. Marcy, ——. Homœopathy and Allopathy. N. Y., 1852.
38. Materia Medica of American Provings. Edit. by Esray. Phila., 1853. 12mo.
39. Hartmann's Chief Remedies by Dr. Okie. N. Y., 1846.
40. Morgan's ——. Homœopathic Treatment of Indigestion, Constipation and Hemorrhoids. Edit. by Small. Phila., 1854.
41. Bryant's Pocket Manual. N. Y., 1854. 12mo.
42. Joslin, B. F. Principles of Homœopathy. N. Y., 1850.
43. Metcalf, W. Homœopathic Provings. N. Y., 1853. 8vo.
44. Pulte, ——. Woman's Medical Guide. Cincinnati, 1853.
45. Jahr's Mental Diseases. Trans. by Galloway. Manchester (Eng.), 1857. 12mo.
46. Pereira. On Food and Diet. Edit. by Lee. N. Y., 1843.
47. Dunglison, R. Dictionary of Medical Science. Phila., 1860.
48. Duchenne, G. B. Localized Electrization. Trans. by Tibbits.
49. Dunglison, R. Human Physiology. Phila., 1843. 2 vols.
50. Homer, W. E. Special and General Anatomy. Phila., 1836.
51. Dixon, E. P. Woman and her Diseases. Phila., 1859. 12mo.
52. Dunglison, R. Human Physiology. Phila., 1844. 2 vols.
53. Dewees, W. P. System of Midwifery. Phila., 1837. 8vo.
54. Dunglison, R. Human Health. Phila., 1844. 8vo.
55. Dewees, W. P. On the Physical and Medical Treatment of Children. Phila., 1847. 8vo.

From A. E. Sumner, M. D., Brooklyn.

56. N. Y. Homœopathic Dispensary Association, An Address to the Friends of Homœopathy in New York. N. Y., 1852, 8vo. p.

57. N. Y. Dispensary, Statement of its Objects, etc. N. Y., 1860.

58. N. Y. Opthalmic Hospital 17th Annual Report, 1868.

59. Bond Street Homœopathic Dispensary 13th Annual Report.

60. Meigs, C. D. Obstetrics: The Science and Art. Phil., 1849.

61. Report on the Extent and Nature of Materials Available for a Medical and Surgical History of the Rebellion.* Phil., 1865, 8 vo.

62. Report on Epidemic Cholera and Yellow Fever in the Army of the United States in 1867.* 4to. Washington, 1868.

63. Report on Epidemic Cholera in the Army of the United States in 1866.* 4to. Washington, 1867.

64. Report on Excisions of the Head of the Femur for Gunshot Injury.* 4to. Washington, 1869.

65. Report on Amputations at the Hip Joint in Military Surgery.*

66. Report on the Barracks and Hospitals, with Descriptions of Military Posts. Washington, 1870, 4to., maps and plans.

67. Maisch, J. M. History of Legislation Relating to Practice of Pharmacy in the United States. Philad., 1868, 8vo. p.

68. Gray, J. F. Early Annals of Homœopathy in New York.

69. Report of the Select Committee (majority) of the Board of Governors of the Alms-house Department.† [1857. No title p. Com. on introduction of Homœopathy into Bellevue hospital, N. Y.] 8vo. p.

70. Report of the Select Committee in favor of introducing Homœopathy into Bellevue Hospital.† [1857. No title p. Minority report.]

71. [Boston.] Homœopathic Medical Dispensary. Address of the Board of Trustees, etc. Boston, 1857, 8vo. p.

From W. S. Searle. M. D., of Brooklyn.

72. Searle, W. S. The Status of Medical Profession in America.

From S. S. Conant, Esq., of Brooklyn, N. Y.

73. Jeffries, B. J. The Eye in Health and Disease.

From the State Board of Public Charities.

74. Third Annual Report of the State Commissioners of Public Charities of New York. Albany, 1870, 8°.

* The above five reports are the "Circulars" of the Surgeon-General's office, Nos. 1, 2, 5, 6 and 7.

† Both the above scarce; 250 copies only printed.

From the Board of Health, Brooklyn.

75. Laws and Ordinances Relating to the Public Health in the City of Brooklyn, etc. Brooklyn, 1870, 8°p.

By Purchase.

76. Troltech, A. Von. Diseases of the Ear. N. Y., 1869. 8vo.
77. Wood & Bache. Dispensatory of the U. S. Phila., 1858. 8vo.
78. Wilson, E. Diseases of the Skin. Phila., 1863. 8vo.
79. Wilson, H. On the Ophthalmoscope. Dublin, 1868. 8vo.
80. Gray, H. Anatomy, Descriptive and Surgical. Phila., 1862.
81. Hammond, W. A. Diseases of the Nervous System.
82. Jahr, G. H. G. Forty Years Practice. N. Y., 1869.
83. Knapp, H. On Intrascular Tumors. N. Y., 1869. 8vo.
84. Neligan, J. M. On Diseases of the Skin. Phila., 1866. 8vo.
85. Tanner, T. H. Diseases of Infancy and Childhood.
86. Bell, J. B. Diarrhœa, Dysentery, Cholera, etc. Phila., 1869.
87. British Journal of Homœopathy. London, 1843 to 1855.
88. Baehr, B. Science of Therapeutics. N. Y., 1869. 8vo.
89. Burt, W. H. Characteristic Materia Medica. Phila., 1870.
90. Bumstead, F. J. Pathology and Treatment of Venereal Diseases. Phila., 1861. 8vo.
91. Beard & Rockwell. Medical and Surgical Uses of Electricity.
92. Carpenter, W. B. Principles of Human Physiology. Phila.,
93. Demours, A. P. Traite des Maladies des Yeux.
94. Robinson, Geo. Physiology and Pathology of the Circulation of the Blood. London, 1857. 12mo.
95. Robinson, Geo. Prevention and Treatment of Mental Disorders. London, 1859. 12mo.
96. Ricord, P. Illustrations of Syphilitic Diseases. Phila., 1852.
97. American Journal of Homœopathy.
98. Ramsbotham, F. H. Obstetric Medicine and Surgery.
99. Griffith, R. E. Universal Formulary. Phila., 1859. 8vo.
100. Churchill, F. On the Theory and Practice of Midwifery.

LXIII.

Report of the Buffalo Homœopathic Dispensary.

By H. T. APPLEBY, M. D., Secretary.

Incorporated October 9th, 1867. Located at No. 270, Main street, Buffalo.

Officers, 1871.

President.—Hon. D. S. Bennett.

Vice-President.—Dr. A. T. Bull.

Board of Trustees.—L. C. Woodruff, O. L. Nims, Jacob Beyer, Sheldon Pease, Drs. A. R. Wright, H. Foster, G. W. Lewis.

Secretary and Treasurer.—Dr. H. T. Appleby.

Auditing Committee.—Sheldon Pease, Jacob Beyer.

Soliciting Com.—O. L. Nims, Dr. A. R. Wright, Dr. H. Foster.

Finance Com.—Drs. G. W. Lewis, A. R. Wright, A. T. Bull.

Medical Staff.

Attending Physicians for 1871, '72.—Sunday, alternate; Monday, Dr. A. T. Bull; Tuesday, Dr. C. F. Petsch; Wednesday, Dr. A. T. Bull; Thursday, Dr. G. W. Lewis; Friday, Dr. L. M. Kenyon; Saturday, Dr. H. T. Appleby.

Report.

The dispensary is steadily growing in favor and efficiency, and its benefits are reaching a larger number every year. Over five hundred visits were made by the visiting physician during the past year.

Financial Statement.

Expenditures	$777 55
Receipts	750 10
Indebtedness	$27 45

LXIV.

Report of the Bond Street Homœopathic Dispensary, and its branch, 265 East Fourth street.

By OTTO FULLGRAFF, M. D., Founder and Manager.

Incorporated February 28, 1862. Located at No. 57 and 59 Bond street, New York.

Officers, 1871.

Directors.—Hon. A. Oakey Hall, Richard B. Connolly, Samuel B. Garvin, Rufus F. Andrews, Orlando L. Stewart, Charles E. Loew, Shepherd Knapp, Robert Gracie, Otto Füllgraff, M. D.

Founder and Manager.—Dr. Otto Füllgraff. Specialty: nose, throat and uterine diseases.

Medical Staff.

Attending Physicians.—Drs. J. P. Ermantraut, C. W. Kuhn, A. M. Woodward, F. C. Hillmer, H. M. Jernegan, M. E. Bethe, L. Bushnell, J. A. Bennett.

Surgeons.—Drs. H. M. Jernegan, C. W. Kuhn.

Resident Physicians.—Drs. J. P. Ermantraut (assistant manager, branch office, 265 East Fourth street), A. T. Schumann.

Visiting Physicians.—Drs. J. P. Ermantraut, C. F. Hillmer, L. Bushnell, M. E. Bethe, A. M. Woodward, Virgil Thompson, A. T. Schumann, Carl Jacoby, Wm. Krause.

Dental Surgeons.—Drs. C. W. Kuhn, H. H. Jernegan, M. E. Bethe.

Report.

Seventeen years have passed since the doors of our dispensary were first opened for the benefit of the sick poor, and it is still located where it was founded, at 59 Bond street, open now from eleven A. M. to five P. M., instead of from half-past two to half-past four P. M., as formerly. At present we outrank in point of attendance, the New York dispensary (allopathic), an institution established in the year 1790, and heretofore the largest and no doubt oldest dispensary in the United States.

During the fiscal year 1871, as will be seen elsewhere, forty-one thousand seven hundred and fourteen cases have been treated,

including eighty-four thousand six hundred and forty-eight prescriptions, and seven thousand three hundred and eighty-four out-door visits by the physicians and surgeons connected with this dispensary and its branch. About one-third of the cases were attended to at our eastern branch, 265 East Fourth street, by our assistant and indefatigable co-laborer, Dr. J. P. Ermantraut (resident and visiting physician in charge), and assistants.

It may not be without interest, in a statistical point of view, to recapitulate the gradual and sometimes extraordinary increase in the number of patients each year since the establishment of the dispensary:

YEAR.	Cases attended at dispensary.	Out-door visits.	Prescriptions given.
Year ending January 31, 1856 (founded)	521	.....	1,895
Year ending January 31, 1857	1,024	.....	4,023
Year ending January 31, 1858	1,808	.....	7,436
Year ending January 31, 1859	2,077	.....	8,276
Year ending January 31, 1860	2,195	.....	8,301
Year ending January 31, 1861	3,018	.....	9,132
Year ending January 31, 1862	5,130	.....	13,660
Year ending January 31, 1863	8,159	4,200	24,389
Year ending January 31, 1864	14,195	7,425	35,857
Year ending January 31, 1865	17,106	8,067	42,765
Year ending January 31, 1866	24,086	8,128	46,160
Year ending January 31, 1867	25,056	8,245	48,036
Year ending January 31, 1868	26,046	8,325	50,122
From February 1, 1868, to October 1, 1868	17,364	5,068	33,414
From October 1, 1868, to October 1, 1869	26,479	7,980	51,995
From October 1, 1869, to October 1, 1870	31,732	8,480	74,366
From October 1, 1870, to October 1, 1871	41,714	7,384	84,648
Total	247,710	73 297	544,507

The success attending our new mode of treatment, introduced about eight years ago, in cases of nasal catarrh and throat diseases, either acute or chronic, has been very satisfactory. Cases that would either require much longer time, or not yield at all, in the ordinary course of treatment, are, in most instances, readily overcome by this system. It must be understood that it requires much nicety and discrimination in the use of instruments and medicines to accomplish this result successfully, and that time and perseverance have been required to develop the system. We cordially invite our professional brethren to witness and examine for themselves our mode of operating, and the instruments and medicines used.

In this place, usually devoted to our subscribers and the friends of homœopathy generally, we desire to say a few plain words to our professional brethren. Our present statistics show that we have accomplished something unparalleled in the history of homœopathy;

that the Bond Street Homœopathic Dispensary, with its branch, has more patients than any similar institution of either school in New York, and probably in the United States. This noble result has unfortunately not been accomplished by the assistance of men in our ranks, who thank God that they are not as other men are, shrug their shoulders when their patients ask concerning the merits of the institution, find fault with its detailed workings, and yet fail to present anything better to fill its place. Rather, all impartial testimony concedes, that it is due to the indomitable will and perseverance of the founder of the dispensary, assisted by the few who have been help-meets indeed, and cordially sustained and encouraged by nearly the entire press. Indifference and opposition, in this case at least, have failed completely to undermine and destroy the conquering influence of such agencies. But who that has felt their discouraging bitterness would repeat such an experience? Who would go about again year after year, for nearly eight years, begging from well guarded purses, with not unfrequently a jealous family physician behind the curtain pulling the strings tighter? The pathway of philanthrophy is evidently not strewn with roses, and nothing could tempt us to go over this rough ground again, much as we love to relieve the sufferings of the sick poor, and much as we value and esteem the wide experience and solid reputation won from years of toil and repeated disappointments.

The Bond Street Dispensary is its own best monument, and we may well be pardoned for pointing to it with a just pride, as a splendid reproach to those who not only refuse it aid and encouragement, but seek with petty malice to weaken and undermine its usefulness and beneficence. 42,000 patients treated, may signify little to casual readers of this report; but if appreciating philanthropists could see so many poor sufferers before them, and realize fully what a multitude these afflicted ones represent, the knowledge could hardly fail to open many purses that are now closed. To the attention of all, therefore, we commend our institution and its needs.

Before concluding this report, our heartfelt thanks, and those of the community at large, must be tendered to our co-laborers in the good cause—the attending, resident, and visiting physicians and surgeons, for the faithful and efficient manner in which they have performed their arduous duties during the past year, hoping, at no distant day, they may reap, in the public gratitude, the fruits of their labor.

FORM OF DISEASES, ETC.	No. of cases.	Cured.	Relieved.	Result unknown.	Died.
Accouchments	77	77	.....	.....	
Asthma	124	54	48	22	
Bronchitis, acute and chronic	585	375	155	48	7
Cancrum, oris	995	815	.....	180	
Catarrh, nasalis	1,089	761	213	115	
Cephalalgia	1,916	1,346	333	237	
Chlorosis and anæmia	360	190	135	35	
Cholera infantum	389	204	.....	86	8
Cholera morbus	310	310	.....	.....	
Colic	214	183	.....	31	
Contusions and sprains	1,919	1,692	.....	227	
Croup, spasmodic and membraneous	110	105	.....	.....	5
Constipation	2,516	1,449	812	255	
Diarrhœa	3,436	2,710	.....	726	
Digestion, derangement of	2,338	1,505	616	217	
Diphtheria	98	61	.....	33	4
Dysentery	375	284	.....	88	3
Erysipelas	165	135	.....	28	2
Eye and its appendages	546	318	143	85	
Fever, scarlet, intermittent continued, and typhoid	688	501	.....	183	4
Gonorrhœa, syphilis, primary and secondary	593	440	.....	153	
Hemorrhoids	328	168	120	45	
Hydrocephalus, acute and chronic	21	8	.....	9	4
Influenza	2,225	2,050	.....	175	
Liver, diseases of	360	225	75	57	3
Measles	306	306	.....	.....	
Neuralgia, of face and other parts	615	405	115	95	
Pleurisy, acute and chronic	360	275	25	58	2
Phthisis	41	.....	21	15	5
Pneumonia	220	216	.....	.....	4
Rheumatism, acute and chronic	2,882	2,025	475	382	
Spermatorrhœa	180	102	51	27	
Surgery, in all forms, including dental	4,889	4,889	.....	.....	
Skin diseases	2,255	1,594	511	220	
Throat diseases	2,482	1,972	150	360	
Vaccinations	2,950	2,950	.....	.....	
Whooping cough	296	229	.....	65	2
Womb (uterine diseases)	1,703	1,012	368	323	
Worms, cases of	849	614	.....	235	
Total number of cases	41,714	32,480	4,366	4,815	53

Total number of prescriptions 84,648
Total number out-door visits 7,384

Extracts from the Home Journal, April, 1871.

Bond Street Homœopathic Dispensary.—Year after year the report of this noble charity comes promptly to hand with its concise tables of statistics, so interesting to the benevolent and philanthropic, so vital to the thousands who have been cured and relieved "without money and without price." Brief as is the report before us, there is scarcely a word or figure in it that does not speak eloquently of suffering which only those know who are brought in direct contact with it, and spend their time and substance in alleviating it. During the fiscal year of 1870, there were treated at the Bond Street Homœopathic Dispensary, 31,732 cases of disease and sickness; over 5,000 more than in the previous year; 74,368 prescriptions were given,

NOTE.—For list of physicians who have been connected with the dispensary, see seventh volume of Transactions, page 474.

and 8,480 out-door visits made. The labor, expense, inconvenience and even actual pain involved in carrying out this vast work of charity, can never be appreciated by those not familiar with all its ramifications, requirements and interior workings; but it is enough for the general public to know that the institution exists, that it is each year extending its beneficence farther and farther, and that it must have a corresponding increase of pecuniary assistance from some source, or be hopelessly crippled. And yet, incredible as it seems, the individual contributions toward the support of the dispensary have grown less each year from the very outset; and had it not been for liberal donations from both city and State, it must have ceased to exist long ago. The patrons of homœopathy in New York have excellent reason for being ashamed of such a record; for in plain words it is simply disgraceful to them. It may well be said that such charity appeals to no special class of our citizens, for it does not in its beneficent sense. But philanthropy cannot separate itself from human nature, and homœopathists, naturally, should be interested first in the welfare and success of a homœopathic institution, especially when it takes rank with the most extensive in the world. Large donations are neither asked for nor desired. If half the wealthy and well-to-do homœopathists of New York would contribute a small sum each, the dispensary might not only be relieved from the anxiety and restraint caused by limited means, but be able to have suitable buildings of its own, instead of paying the rent of an establishment which is at best inconvenient and restricted. Such explanations and appeals become irksome, and it is distressing to repeat them annually without producing the slightest effect. We trust most sincerely that our homœopathists will not make them necessary in future, and that their record the present year will be a much fairer and more encouraging one than ever before. In this connection a word is due the founder and manager of the Bond street dispensary, Dr. Otto Füllgraff. One of the ablest and most successful practitioners in the city and without a rival, we may say, in his specialties of nose, throat and uterine diseases, he still devotes a great deal of his valuable time, attention and service to the institution whose rapid growth he has watched, and for whose best interests he has toiled sixteen years, until it has become only second to the largest and oldest dispensary in America. The self-sacrifice and anxiety he has endured during these years of genuine philanthropic exertion, merit the most cordial sympathy, appreciation and reward. These alone should commend the Bond Street Homœopathic Dispensary to generous support.

Topical Remedies in Throat Diseases and Nasal Catarrh.—We have had the pleasure lately of seeing some very clear results of a comparatively new process in the treatment of diseases of the throat and nose, especially in cases where the voice was affected by acute or chronic inflammation of the vocal cords and their neighboring tissues. The old method of using the well-known probang indiscriminately is practically abolished. The most skillful in manipulating this barbarous instrument could never be certain that their meagre list of remedies reached the proper point of attack; indeed, the tendency was more than likely to be in the opposite direction. This uncertainty is entirely obviated by a series of delicate and ingeniously constructed spray instruments, which have been, after years of the most careful and laborious experiment, perfected by Dr. Otto Füllgraff, the philanthropic founder and manager of the Bond Street Homœopathic Dispensary, and decidedly one of the most successful medical practitioners in the city. Dr. Füllgraff, in the treatment of these complaints, is not restricted in his remedies, but throws a medicated spray, with almost unerring certainty, directly upon the parts affected. By means of diverse reflectors we have been able to see this undeniably demonstrated in the treatment of those whose throats might be called educated. Patients being instructed to sound upper, middle, or lower notes, so dilated the vocal cords, that the instrument was plainly seen passing between them, in order to reach directly the diseased part. One case that came under our personal observation, was that of a professional singer, whose voice was at times uncertain, on account of an abnormal secretion of mucus, just above and below the vocal cords, and who could scarcely sing fifteen minutes without being greatly fatigued. The trouble was radically cured by a few applications, and the voice gained so much in strength that it could be used for hours without fatigue. Another case was that of a gentleman amateur singer, who had only E and F in his register affected. He assured us that Dr. Füllgraff removed the difficulty in a very short time. A lady patient told us that her throat had been very weak and painful for more than a year, so much so that it had been impossible for her to sleep many nights, but since her treatment by Dr. Füllgraff, all these symptoms had disappeared, and the expansive power of her lungs had increased greatly. It was exceedingly interesting to see, as we did, with what certainty she inhaled the medicated vapors, the instrument being, of course, held behind the epiglottis, just over the vocal cords. It will be understood, naturally,

that in some cases the vocal cords can be only partially seen, and in others not at all (such as those with large tonsils, who are generally scrofulous, and those who have very irritable or sensitive throats), until repeated trials have educated the parts, as it were, to the touch of the instruments, which require both natural and acquired skill on the part of the operator. As Dr. Füllgraff has had many years of experience in the treatment of this class of diseases, it is by no means strange that he has achieved such signal successes in relieving and curing them. He pursues a similar method in the treatment of nasal catarrh, and with equal success, as we can vouch for in more than one instance. It is the more gratifying that he adheres closely to the true homœopathic principle, which allows such an extended field in the selection of proper remedies, although they are not generally applied in infinitesimal doses. We are most happy thus to accord all honor to one, who, with the most generous philanthropy, aims always to reduce medicine to an exact science, that he may the more readily and surely relieve mankind from the innumerable pains and ills to which all human flesh is heir.

LXV.

Report of the Harlem Homœopathic Dispensary.

By THEODORE QUICK, M. D.

Organized June 19, 1871. Incorporated January 29, 1872. Located at corner of One Hundred and Twenty-fourth street and Third avenue.

Officers, 1872.

President.—W. H. Colwell.

Secretary.—Dr. T. Quick.

Trustees.—George Drew, N. D. Herder, E. Dickerman, J. R. White, S. H. Burr, T. F. Smith, J. R. Hills, J. H. Demarest, S. M. Brown, C. O. Hubbell, Wm. Buhler, Thos. Wilson, W. H. Colwell, J. L. Kipp, E. A. Price, E. B. Stead, B. F. Raynor, T. Quick, J. Lockwood, Geo. E. Morgan, Wm. Paul, W. H. Peck, Rev. H. W. Diederich, H. Wagner, J. A. Clark, James Tucker.

Medical Staff.

Attending Physicians.—Drs. T. Franklin Smith, Mondays and Thursdays; Drs. J. H. Demarest and T. Quick, Tuesdays and Fridays; Drs. George E. Morgan and H. Wagner, Wednesdays and Saturdays.

Visiting Physician.—Dr. T. Franklin Smith.

Report.

The Harlem Dispensary was opened for the reception of patients on the nineteenth day of June, 1871. The rooms are under the Harlem Savings Bank, corner of One Hundred and Twenty-fourth street and Third avenue.

There have been treated at the dispensary and at their homes, from June 19, 1871, to February 3, 1872, five hundred and seventy-three patients, classified as follows:

Zymotic diseases	284
Constitutional diseases	175
Traumatic diseases	60
Diseases of development	26
Unclassified	28
Total	573
Whole number of prescriptions	1,007

The business of the dispensary is constantly increasing. With our rapidly increasing population, the great amount of public improvement consequent upon the building up of the city in this section, and the influx of large numbers of laborers, increased demands are made upon charitable institutions of this character. The poor must be in a great measure supplied with medical and surgical aid gratuitously. With the high rates of living they cannot afford to pay for professional services, especially if they are sick or incapacitated for labor by injuries.

The Harlem Homœopathic Dispensary Association, realizing this state of affairs, appeal to the benevolent impulses of all for aid in carrying out the designs of this institution.

Certificate of Incorporation of the Harlem Homœopathic Dispensary.

The undersigned, being each and every one of them of full age and citizens of the State of New York, desiring to associate themselves for the benevolent and charitable objects hereinafter expressed, that they and their successors may become a body politic and corporate under and by virtue of the act of the Legislature of the State of New York, entitled "An act for the incorporation of benevolent, charitable, scientific and missionary societies," passed April 12th, 1848, do hereby in compliance with the requirements of said act, make, sign and acknowledge this certificate in writing as follows, viz.:

I. That the name by which this society shall be known in law is "The Harlem Homœopathic Dispensary Association."

II. That the business thereof shall be conducted in the city and county of New York.

III. That the particular business and objects of such society shall be providing and furnishing medicines and medical and surgical aid to such persons as may be in need thereof and unable by reason of poverty to procure the same, and who may reside in the city of New York in such part thereof included within One Hundredth street, the Harlem and Hudson rivers, as the trustees may from time to time in their by-laws designate.

IV. That the number of trustees to manage the same shall be twenty-seven, of which number twenty-one shall be non-professional and six professional. The professional shall be known as homœopathic physicians in good and regular standing, graduates of medical

colleges and members of the Homœopathic County Medical Society of the county of New York.

V. That the names of the trustees of such society for the first year of its existence are as follows, viz.: (See list of officers.)

State, City and County of New York, *ss.:*

Before me personally appeared John H. Demarest, William A. Herring, William H. Colwell, S. H. Burr, Thomas Franklin Smith, Wm. Henry Peck, James Tucker, Theodore Quick, Cyrus O. Hubbell, Thomas Wilson, Samuel M. Brown, Edward B. Stead, Geo. S. Drew, Edward A. Price, Benj. F. Raynor, J. Ralsey White, H. W. Diedrick, J. R. Hills, William Buhler, Geo. E. Morgan, John L. Kipp, Isaac Lockwood, Herman Wagner, James H. Clark, William Paul, Elford Dickerman, Nicholas D. Herder, to me known to be the individuals described in and who executed the foregoing instrument, and severally acknowledged to me that they executed the same.

CHARLES L. MEAD,

Notary Public, City of New York.

January 29, 1872.

LXVI.

Report of the New York Homœopathic Medical College Dispensary.

By ALFRED K. HILLS, M. D.

Incorporated 1856. Located on Third avenue, corner of Twenty-third Street, New York.

Officers, 1871.

President.—S. H. Wales.

Secretary.—Edmund Dwight.

Treasurer.—Dr. Carroll Dunham.

Trustees.—S. H. Wales, Edmund Dwight, E. H. Ludlow, Ralph Mead, Thomas C. Smith, G. W. Clark, Drs. Wm. Tod Helmuth, Lewis Hallock, John W. Dowling.

Superintendent.—Dr. John W. Dowling.

Executive Committee.—S. H. Wales, Edmund Dwight, Dr. J. W. Dowling.

Medical Staff.

Consulting Board.—Faculty of the College.

Visiting Physician.—Dr. Alfred K. Hills.

Resident Physician.—Geo. S. Norton.

Report.

Number of patients treated	1,816
" prescriptions made	6,182
" patients visited at their homes	278
" visits made	834

Nativities.—Native, 1,114; foreign, 702. Males, 651; females, 1,165.

Five deaths have occurred; all of which were from diseases considered incurable when coming to our hands. No deaths have occurred from acute diseases. The exact number of patients cured it is impossible to tell, as frequently they do not return to inform us of that fact; but we feel confident that our practice has been generally successful.

LXVII.

Report of the Metropolitan Dispensary.*

This institution was established in 1868, and incorporated under the general law in January, 1869. It occupies, under a lease, the first floor of the building No. 54 Bleecker street, corner of Mulberry.

Since its organization the number of patients aided is 4,552. It is open five hours each day, and is free to the poor. When visited it was in good condition, and appeared to be well managed. The labors of the medical staff are entirely gratuitous.

The last Legislature appropriated to the institution $1,000 from the city treasury. Application has been made for aid from the State, and it would seem to be fairly entitled to share in its bounty.

* Extract from Report of Public Charities.

LXVIII.

Report of the Morrisania Homœopathic Dispensary.

By JOHN M. MILLER, M. D.

Incorporated May, 1869. Located at Morrisania, Westchester county, New York.

Attending Physician.—Dr. John M. Miller.

Number of patients treated during the year ending October 1,

1871	903
Number of out-door patients	71
" visits made	201
" prescriptions	2,741
" surgical cases	23
" obstetrical cases	8

Financial Statement.

Expenditures	$593 95
Receipts	528 00
Indebtedness	$65 95

LXIX.

Report of the New York Homœopathic Dispensary.

Incorporated June, 1860. Located at No. 498 Seventh avenue, between Thirty-sixth and Thirty-seventh streets.

Officers, 1870.

President.—William H. Fogg.

Vice-President.—B. S. Walcott.

Secretary.—Wheeler H. Peckham.

Treasurer.—John W. Bigelow.

Trustees.—William L. Andrews, J. W. Bigelow, A. C. Benedict, Dr. E. P. Fowler, C. P. Frame, Willard L. Felt, H. N. Twombly, Theo. Gilman, A. C. Richards.

Honorary Member.—Henry B. Millard, M. D.

Visiting Committee.—William H. Fogg and A. C. Benedict, January and July; W. L. Felt and William L. Andrews, February and August; J. W. Bigelow and H. N. Twombly, March and September; W. H. Peckham and C. P. Frame, April and October; Dr. E. P. Fowler, and A. C. Richards, May and November; Theo. Gilman and B. S. Walcott, June and December.

Building Committee.—Dr. E. P. Fowler, C. P. Frame.

Finance Com.—C. P. Frame, B. S. Walcott, John W. Bigelow.

Committee on Supplies.—H. N. Twombly, A. C. Richards.

Com. on Appointments.—Dr. E. P. Fowler, A. C. Benedict.

Committee on Real Estate.—Theo. Gilman.

Com. on Miscellaneous Business.—J. W. Bigelow, W. H. Peckham.

Medical Staff.

House Physicians.—Drs. John S. Linsley, Francis E. Doughty.

Visiting Physician and Surgeon to Eye and Ear Department.—Dr. Theodore D. Bradford.

Senior Physician, German Department.—Dr. Samuel Lilienthal.

Diseases of Women.—Dr. Augustus P. Throop.

Surgeons.—Drs. Francis E. Doughty, J. Antonia Terry.

Diseases of Chest and Throat.—Dr. Edmund Carleton.

Diseases of Skin.—Dr. Philip E. Arcularius.

Diseases of Head and Abdomen.—Dr. Harlan P. Patridge.
Diseases of Children.—Dr. J. Antonio Terry.
Physician and Surgeon for the Evening.—Dr. Francis E. Doughty.

Trustees' Report.

In presenting the eleventh annual report of the New York Homœopathic Dispensary, for the year 1870, the trustees desire first, in the name of the poor recipients, to express gratitude to those who have hitherto bestowed benefits through this institution.

They are also happy to state that the dispensary is rapidly extending its field of use, although it falls far short of the demands made upon it, as its benefactions are, of course, limited to the means placed at its disposal.

Its accommodations are inadequate, and in such measure unsuitable, that the trustees have thought it a duty to make a vigorous effort toward supplying the want, and we appeal to a generous public for the necessary means.

There are thousands of poor people who greatly prefer employing the homœopathic method of treatment, but who are debarred therefrom by a lack in number and size of institutions where it is dispensed.

We earnestly beg of those to whom Providence has been bountiful, that they will in their turn extend charity and consolation to their less fortunate kind, who struggle, not only against the depressing influences of pecuniary misfortunes and poverty, but who are also sufferers, helpless from disease.

For the coming year the trustees have introduced a new feature to dispensaries, that of granting an evening hour (from half-past seven to nine P. M.), which will avoid consuming the valuable working hours of many of the poor.

Those who have experienced the superior benefits of homœopathy, should, at least, be willing to do a little, that those who are unable to buy them may receive them; and if they give at all, a sense of economy (even if all methods of practice were equally good) should direct them to give to this method, where the same amount of means will afford medical aid to a greater number of persons.

Since the establishment of this dispensary, in 1860, it has treated ninety thousand five hundred and forty-eight cases, and the experience of each succeeding year proves this to be the safest, the wisest, and the most efficacious mode of medication, and far the most economical.

Report of Cases Treated during the year ending Dec. 31st, 1870.

Diseases of women and children	2,648
Diseases of head and abdomen	2,356
Diseases of chest and throat	1,410
Diseases of skin	537
Diseases of eye and ear	284
Surgical cases	1,436
Cases treated in the visiting department and not above included	1,233
Vaccinations	163
Total number of patients	10,222
Total number of deaths	28
Sent to hospitals	55

Nativities.—United States, 6,122; Great Britain, 2,958; Germany, 1,084; other countries, 58; males, 3,470; females, 6,752; children, 4,270; adults, 5,952; number of visits by visiting physician, 4,449; number of house prescriptions, 25,555; total number of prescriptions, 30,004.

Treasurer's Report.

Receipts	$4,562 60
Expenditures	3,672 44
Balance	$890 16

The trustees have received liberal donations during the past year, but they feel that they may expect a still more generous support for this great charity, and that they may ask those who have contributed to the support of the dispensary, and the many friends of homœopathy in the city of New York, to aid them in bringing this institution and its work to the notice of the many who have never given; perhaps more from the want of opportunity than lack of inclination to do so.

LXX.

Report of the North-eastern Homœopathic Medical and Surgical Dispensary.

By F. SEEGER, M. D.

Incorporated November, 1868. Located at No. 307 East Fifty-fifth Street, New York.

OFFICERS, 1871.

President.—Hon. M. H. Chambers.

Vice-President.—Hon. R. A. Storrs.

Treasurer.—John Hamer.

Board of Directors.—L. Rosenfield, M. H. Chambers, William Radde, Dr. F. Seeger, W. A. Butler, John Hamer, Hon. R. A. Storrs, Dr. F. W. Hunt.

Medical and Surgical Staff.

Diseases of the Mind and Nervous System.—Dr. F. W. Hunt.

Diseases of the Nasal Cavities, Throat, Lungs and Heart.—Dr. F. Seeger.

Diseases of Women.—Dr. A. P. Throop.

Diseases of Digestive Organs, Liver, Abdomen and Urinary Organs, and of Children.—Dr. A. J. Richardson.

Surgical and Eye and Ear.—Dr. H. W. Westover.

To the Board of Management.—In pursuance with the requirements of the by-laws requiring the chief medical officer to present an annual statement of the business of the dispensary, I would respectfully beg to submit my report for the year ending September 30, 1871. I cannot refrain from taking this opportunity to express my gratification at the increased evidence of appreciation in which our dispensary is held by the poor of the district. A glance at the past year's business will confirm this statement.

During the year commencing October 1, 1870, and ending September 30, 1871, the total number of patients treated amounted to 2,913. To these 6,837 prescriptions were dispensed.

The total number of visits made was	1,611
" " night visits was	63

The classification of the diseases treated is as follows:

Class I.—Diseases of the Nasal cavities, Throat, Lungs and Heart	603
" II.—Diseases of Women and Children	659
" III.—Diseases of the Digestive Organs, Liver, Abdomen and Genital Organs	841
" IV.—Diseases of the Eye and Ear	67
" V.—Diseases of the Head, Nervous System, Skin, Febrile cases and not otherwise classified	567
" VI.—Surgical cases and operations	129
Sent to Hospital (mostly to Hahnemann Hospital)	31
Deaths	9
Confinement cases	7
Total	2,913

The total number of cases treated since the opening of the dispensary is as follows:

First year	534
Second year	1,454
Third year	2,913
Grand total	4,901

To these the total of prescriptions dispensed is as follows:

First year	1,085
Second year	4,129
Third year	6,837
Grand total	12,051

The total number of visits made since opening is as follows:

First year	169
Second year	894
Third year	1,611
	2,674
Add night visits	96
Grand total	2,770

This exhibit speaks for itself. It should speak to the wealthy more eloquently than the most well chosen and flowery language. It is a duty the more fortunate owe to the poorer, to do that which

lies in their power to alleviate misfortune. Of all misfortune, none presses more heavily on the poor than sickness. A small sum contributed to a dispensary will do a great deal of good, and it is to be deprecated that there are not more to aid in the good work by their subscriptions.

Subscriptions may be sent to the president, M. H. Chambers, 4 Union square; to Dr. F. Seeger, treasurer, 157 East Fifty-sixth street, or may be handed to any of the trustees.

Patrons of the Dispensary.—A. T. Stewart, Esq., Mrs. G. V. Hecker, D. Dows, Esq., Hiram Calkins, Esq., Wm. Radde, Esq., G. G. Lake, Esq., R. A. Storrs, Esq., A. J. Tofel, Esq., of Boerick & Tofel, Homœopathic Pharmaceutists, 145 Grand street, N. Y.

On motion of M. H. Chambers, seconded by Mr. John Hamer, it was

Resolved, That the report of the treasurer is hereby approved.

Resolved, That the medical report is hereby approved.

Resolved, That the reports, as read, and the accompanying documents be accepted, printed, and circulated under the direction of the board.

LXXI.

Report of the Western Homœopathic Dispensary.

By HAMILTON RICKABY, M. D.

Organized May 21, 1868. Incorporated June 1, 1868. Located at No. 578, Ninth avenue, New York.

Officers, 1869.*

President.—D. D. T. Marshall.

Vice-President.—Julien Allien.

Secretary.—Dr. Henry M. Hitchcock.

Treasurer.—J. W. Goddard.

Trustees.—N. B. Mountford, Fletcher Harper, James Wilson, Isaac J. Oliver, A. K. Laing, Jackson S. Schultz, James Cushing, Jr., J. Eckerson, E. Guernsey, J. Armstrong, Hon. Alexander Frear, Adolph Rusch, Hon. Richard B. Connolly, Dr. Hamilton Rickaby.

Medical Staff.

Superintendent and Visiting Physician.—Dr. Hamilton Rickaby.

House Physician.—Dr. John C. Minor.

Attending Physicians.—Drs. Warren Freemen, H. M. Hitchcock, J. Robie Wood, A. W. Lozier, Ralph Blakelock.

Report, 1869.

The trustees of the Western Homœopathic Dispensary, herewith present a report of work done since the organization of the dispensary, May 21, 1868, to December 31, 1869, a period of a little over one year and a half.

Commencing in an humble way, in rooms hired for the purpose, the work has steadily increased, until now we are treating at the rate of eight thousand patients per annum, and giving out at the rate of twenty thousand prescriptions a year.

The growth of this institution is unparalled in the history of city dispensaries, and shows the great need of an institution of this kind in the quarter of the city where this is located, and the faithfulness and skill with which the physicians have performed their duties.

The trustees, in appealing to the public for aid, are confident that

*Omitted from Vol. VII of Transactions.

in no way can as much good be done among the poor, by a small outlay, as in the support of a well organized and well conducted dispensary.

Whole Number of Cases Treated.

From May 21, 1868, to January 21, 1869 (a period of seven months)	2,510
During the year 1869	5,629

Classification of Diseases Treated during the Year 1869.

Diseases of the head and abdomen	1,327
" " chest and throat	1,738
" " eye and ear	261
Rheumatic diseases	417
Venerial	116
Diseases of women	525
Lungs	416
Complicated and unclassified	76
Diseases of the skin	327
Surgical diseases	326
Total	5,629

Total number of deaths	15
Sent to hospital	20

Visiting Department.

Whole number treated in the visiting department, included in the above classification	953

Total Number of Visits and Prescriptions.

Whole number of visits	3,785
Whole number of prescriptions	16,161

Treasurer's Report.

Receipts	$2,671 00
Expenditures	2,658 49
Balance	$12 51

Officers, 1871.

President.—D. D. T. Marshall.

Vice-President.—Ex-Judge N. B. Mountfort.

Secretary.—Dr. J. Titus Deyo.

Treasurer.—Charles Watrous.

Superintendent.—Dr. Hamilton Rickaby.

Trustees.—J. W. Goddard, Julien Allien, Fletcher Harper, Jr., Dr. E. Guernsey, James Wilson, D. D. T. Marshall, J. Armstrong, Adolph Rusch, J. Cushing, Jr., Chas. Watrous, Chas. Judson, Dr. Hamilton Rickaby.

Honorary Trustee.—Dr. H. M. Hitchcock, Omaha, Nebraska.

Medical Staff.

Visiting Physician.—Dr. Hamilton Rickaby.

House Physician.—Dr. J. Titus Deyo.

Attending Physicians.—Drs. Warren Freeman, John C. Minor, G. C. Brown, Benj. Franklin, Wm. N. Guernsey, H. M. Hitchcock, Charles E. Gilbert.

Surgeon.—Dr. V. Zolnowski.

Report of the Trustees.

The trustees of the Western Homœopathic Dispensary have great pleasure in presenting the following report for the past year:

The reports of the house and visiting physicians, together with the statistical tables carefully prepared by the house physician, Dr. Deyo, fully and fairly represent the work of the year. These reports afford most encouraging evidence of the increasing usefulness and prosperity of the institution.

The dispensary was established but a little more than three and a half years ago in the midst of a thickly populated tenement district, in the belief that more real good could be done for the suffering poor in this way than in any other.

The treatment in a single year of over sixteen thousand patients, and the giving out of nearly forty thousand prescriptions, an increase of nearly one hundred and twelve per cent over the entire work of the previous year, unparalleled in the history of similar institutions, are convincing proofs of the necessity for such an institution, and its popularity with the poor. We cannot estimate the amount of good which has been accomplished, the lives which have been saved, and the relief which has been conveyed to those too poor to pay for medical services.

So rapid has been the progress of the institution, that it has outgrown its present accommodations, rendering increased facilities for its business absolutely essential. With a building furnishing adequate accommodations for its wants, its business could easily be doubled in a single year.

In conclusion, the board of trustees desire to extend their thanks to the medical and surgical staff of the dispensary for their zealous and faithful labors in the cause of suffering humanity.

Report of the House Physicians.

To the Officers and Board of Trustees of the Western Homœopathic Dispensary:

Gentlemen.—I have the honor to submit the following report of the house department of the Western Homœopathic Dispensary for the year ending December 31, 1871. During the past year there have been treated in the house department of the dispensary fourteen thousand one hundred and twenty-two (14,122) patients, and thirty-four thousand nine hundred and ninety-nine (34,999) prescriptions dispensed; showing an increase of nearly 114 per cent over the entire work of this department in 1870. The different departments of the dispensary are in able and scientific hands.

The surgical department, under the care of Dr. Zolnowski, affords to the poor the advantages of as skillful surgical treatment as can be obtained in the city.

The department of the eye and ear is under the direction of gentlemen skilled in the treatment of this class of diseases, and fresh from the instruction of the ablest men in this department in Europe. It is our intention, when more ample accommodations are furnished us, to pay particular attention to this department. There is no eye and ear infirmary on the west side of the city; and we are assured, from the success which has attended our work, and the constantly increasing demand for relief, that this department will speedily grow into an infirmary second to none in the city.

The French and German languages are spoken by physicians connected with the dispensary.

In conclusion, I beg to call your attention to the annexed statistical tables, which place the work of the house and visiting departments in as comprehensive a form as possible; likewise to the tabular statements hereinafter contained, which show the work of the dispensary from its organization to date.

Causes of Deaths—House Department.

Membraneous croup	2
Tabes mesenterica	3
Hydrocephalus	2
Valvular disease of the heart	2
Bright's disease—chronic	1
Phthisis pulmonalis	1
Cholera infantum	3
Pertussis—with bronchial complications	2
Typho—malarial fever	2
Pleuritis—acute	1
Intermittent fever	1
Scirrhus cancer of uterus	1
Scirrhus cancer of rectum	1
Lupus exedens—face and neck	1
Congenital syphilis	1
Dysentery	1
Acute gastritis	1
Chronic hepatitis	1
Old age and debility	1
Total	28

Statistical Report of the Number of Patients Treated in the House Department of the "Western Homœopathic Dispensary for the Year ending December 31, 1871.

MONTHS.	SEXES.		AGES.			NATIVITIES.						CLASSIFICATION OF DISEASES.											RESULTS.		TOTALS.	
	Males.	Females.	Under 5 years.	5 to 15 years.	Over 15 years.	United States.	Ireland.	England.	Scotland.	Germany.	Other countries.	Skin.	Surgery.	Minor surgery.	Head and abdomen.	Chest and throat.	Women & children.	Eye and ear.	Rheumatic.	Fevers.	Venereal.	Unclassified.	Vaccinated.	Deaths.	Sent to hospital.	Patients.	Prescriptions.
1871.																										
January	448	592	185	196	649	498	397	28	10	94	3	114	26	70	201	267	161	75	34	25	31	21	5	1	7	1,080	3,188
February	351	554	158	197	550	479	303	28	12	77	6	88	32	61	210	257	113	53	35	14	21	14	7	....	1	905	2,609
March	527	834	331	301	739	783	429	26	6	107	10	125	40	112	311	244	147	64	37	25	23	28	205	1	....	1,361	3,186
April	673	846	381	517	621	1,061	308	30	7	94	4	98	48	109	255	193	108	65	41	24	14	17	552	....	....	1,519	3,420
May	533	784	347	363	606	839	347	25	8	84	13	57	73	85	275	183	125	64	45	48	20	19	388	4	5	1,316	3,026
June	426	678	248	254	602	659	324	26	6	77	12	76	66	123	339	123	133	59	39	49	24	24	59	....	12	1,104	3,765
July	455	654	300	240	569	668	297	41	22	79	2	71	73	116	256	128	208	67	24	76	29	9	47	6	....	1,109	2,374
August	545	680	347	263	615	721	344	57	31	59	13	96	66	106	168	149	315	44	59	136	38	13	35	6	23	1,225	2,749
September	437	678	298	283	529	539	399	62	33	64	19	64	68	96	160	142	264	48	93	194	37	12	7	2	16	1,115	2,574
October	463	707	373	232	565	657	297	101	30	77	8	62	90	94	121	259	197	56	74	141	26	27	23	3	20	1,170	2,669
November	459	693	290	247	615	628	275	93	37	105	14	64	33	135	100	297	190	54	78	113	48	14	28	3	23	1,152	2,992
December	481	635	260	199	657	628	315	62	29	77	5	51	64	104	153	245	88	131	28	36	29	21	216	2	15	1,116	2,247
Totals	5,797	8,325	3,508	3,297	7,317	8,180	4,080	579	230	994	109	966	677	1,211	2,539	2,497	1,989	780	597	810	340	219	1,507	28	121	14,122	34,999

Report of the Visiting Physician for 1871.

To the Board of Managers of the Western Homœopathic Dispensary:

Gentlemen.—I respectfully submit to your honorable board the annual report of my department.

During the year 1871, I have treated at their homes a total of one thousand eight hundred and ninety-two (1,892) patients: Of whom seven hundred and fifty-two (752) were males, and one thousand one hundred and forty (1,140) females, nine hundred and eighty-six (986) adults, and nine hundred and six children. Nativities as follows: Nine hundred and thirty-four (934) born in the United States; six hundred and seventy (670) in Ireland; seventy-two (72) in England; twenty-four (24) in Scotland, and one hundred and ninety-two (192) in Germany.

The results, so far as known, were as follows: One thousand four hundred and seventy-two (1,472) were discharged well or relieved; seventy-three (73) sent to hospital; twenty-four (24) deaths; sixty-eight (68) transferred to the dispensary or to private physicians; twenty-eight (28) applicants not found; seventy-three (73) patients remaining under treatment from one month to another, and a total of four thousand one hundred and fifty-two (4,152) visits made during the year. During the winter and spring months of 1871, I was called upon to treat a large number of small-pox cases, but, in compliance with an ordinance of the health board, I promptly reported same, with full particulars, to that body, by whom they were removed to the hospital, and there placed under proper restrictions, etc., in order to prevent the further spread of that fell disease which during those months, raged in an epidemic form in this city.

The district embraced in my department, is that part of the city lying between Twenty-sixth street and Sixtieth street, Seventh (7th) avenue and the Hudson river. In a number of instances I have even gone beyond those limits.

The causes of the deaths which occurred during the year were briefly as follows:

Phthisis pulmonalis	4
Bright's disease of kidneys	2
Valvular disease of heart	2
Membranous croup	1
Scarlatina	1
Strangulated hernia	1
Congenital syphilis	1
Cholera infantum	2

Hydrocephalus	2
Tubercular meningitis	1
Lobular pneumonia of children	2
Acute gastritis	1
Peritonitis	1
Cancer of liver	1
Cancer of uterus-scirrhus	1
Intermittent fever	1
Total	24

Statistical Report of the Number of Patients treated in the Visiting Department of the "Western Homœopathic Dispensary," for the Year ending December 31, 1871.

MONTHS.	SEXES.		AGES.		NATIVITIES.					CLASSIFICATION OF DISEASES.							RESULTS.						TOTALS.	
	Males.	Females.	Adults.	Children.	United States.	Ireland.	England.	Scotland.	Germany.	Skin.	Surgery.	Head and abdomen.	Chest and throat.	Eye and ear.	Women & children.	Fevers.	Well or relieved.	Transferred.	Sent to hospital.	Died.	Remaining under treatment.	Applicants not found.	Patients.	No. of visits made.
1871.																								
January	60	64	51	73	76	40	..	1	7	36	4	27	25	..	14	18	98	4	2	1	4	3	124	318
February	51	51	40	62	63	25	2	3	9	29	2	17	28	1	14	11	57	5	..	1	2	..	102	275
March	34	79	53	60	67	38	1	1	6	20	5	21	27	1	19	20	93	1	11	..	7	2	113	298
April	40	62	53	49	52	37	1	..	12	12	5	28	25	..	20	12	74	7	3	2	1	5	102	245
May	49	95	73	71	71	53	1	1	18	13	8	30	19	..	31	40	109	2	2	2	5	1	144	317
June	47	97	84	60	57	62	3	3	19	10	5	42	27	1	30	29	113	9	2	4	12	2	144	329
July	60	100	92	68	69	69	3	1	18	10	12	38	16	3	49	32	104	..	12	4	2	4	160	380
August	67	92	71	88	93	45	4	2	15	16	11	34	14	..	38	46	127	3	13	2	1	3	159	363
September	79	88	107	60	74	62	13	2	16	8	17	29	26	..	43	44	121	12	4	4	13	..	167	341
October	83	135	141	77	82	97	16	5	18	15	17	37	54	2	38	55	178	4	13	..	7	..	218	419
November	89	152	134	107	114	81	20	1	25	33	24	26	67	1	46	44	195	16	4	1	11	5	241	402
December	93	125	87	131	116	61	8	4	29	24	18	39	54	5	25	53	173	5	7	3	8	3	218	465
Totals	752	1,140	986	906	934	670	72	24	192	226	128	363	382	14	370	409	1,472	68	73	24	73	28	1,892	4,152

There have been vaccinated during the past year one thousand five hundred and seven (1,507), mostly children, the major part of whom were under five (5) years of age, of foreign parents. This work has been performed gratuitously, no charge of any kind whatsoever having been imposed. On account of the large number of physicians appointed by the board of health, as a vaccinating corps, whose duty it was to visit the many tenement houses in their respective districts, and vaccinate the occupants thereof, the number availing themselves of this dispensary benefit has not been as large as it otherwise would have been.

"Vaccination Table."

1871.	SEXES.		AGES.			NATIVITIES.						
MONTHS.	Males.	Females.	Under fifteen years of age.	Over fifteen years of age.	Under 5 years, of foreign parents.	United States.	Ireland.	England.	Germany.	Primary.	Secondary.	Total.
January	1	4	5	....	3	5	....	....	....	5	....	5
February	3	4	7	....	5	7	....	....	....	7	....	7
March	86	119	189	16	74	190	12	2	1	137	68	205
April	296	256	523	29	209	526	20	1	5	454	98	552
May	157	166	312	11	147	312	4	2	5	228	95	323
June	25	34	55	4	31	49	6	2	2	49	10	59
July	20	27	36	11	13	34	8	2	3	18	29	47
August	22	13	29	6	11	31	1	1	2	15	20	35
September	4	3	5	2	3	5	1	....	1	4	3	7
October	10	13	19	4	8	21	1	....	1	11	12	23
November	13	15	21	7	15	23	2	1	2	17	11	28
December	107	109	169	47	74	170	22	9	15	63	153	216
Totals	744	763	1370	137	593	1373	77	20	37	1008	499	1507

TABULAR STATEMENTS, showing the number of patients treated during each month, and the number of prescriptions dispensed for same, from the opening of the Dispensary, May 21, 1868, to December 31, 1871.

Patients.

	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
1868	....	....	..	....	53	234	382	386	387	390	363	315	2510
1869	300	363	377	433	511	516	516	532	503	665	480	433	5629
1870	477	437	529	594	627	610	596	614	677	661	807	928	7557
1871	1154	1007	1474	1621	1460	1248	1259	1384	1282	1388	1393	1334	16014

Whole number of patients treated 31,710

Prescriptions.

	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
1868	....	....	....	....	131	411	1215	994	1062	950	710	1027	6500
1869	1007	976	954	1055	1190	1391	1674	1474	1287	1714	1301	1038	15161
1870	1819	1165	1672	1961	1523	1432	1593	1731	1965	1904	2337	2971	21466
1871	3705	3232	3698	3833	3453	3197	2756	3290	2958	3282	3738	2712	39849

Whole number of prescriptions dispensed 82,996

Total, 1871, { Patients 16,014
Prescriptions 39,849

Treasurer's Report for the Year ending December 31, 1871.

January 1.—Balance on hand	$292 35
Donation from New York State	1,500 00
Donation from New York city	1,750 00
	$3,542 35

Disbursements, Jan. 1, 1871, to Jan. 1, 1872.

For salaries	$1,304 13
For rent of building	570 81
Supplies, fuel, etc	364 67
Books and medicines	315 10
Repairs, etc	55 05
Balance on hand Jan. 1, 1872	932 59
	$3,542 35

This Table is a copy taken from the Annual Report of the Comptroller of the State of New York, October 1, 1870, to October 1, 1871. It is intended to show the Comparative Number of Patients treated by each Dispensary, Receipts, Expenditures, etc.

NEW YORK CITY DISPENSARIES.		Organized.	Receipts for Year ending Sept 30, 1871.		Expenditures during same time.		Value of property of all kinds, exclusive of indebtedness.	Cash on hand October 1, 1871.	Number of beneficiary patients.	Average cost per patient.	Total expenditures during the year.
			From State.	All other sources, including balance of previous year.	Salaries.	Other purposes.					
Demilt Dispensary	A	1851	$1,000 00	$7,558 81	$4,058 10	$4,471 25	$57,700 00	$64 46	27,357	$0 31	$8,594 35
Eastern Dispensary	O	1332	1,000 00	.....	.....	.....	2,500 00	.....	*	.....	.....
Eclectic Medical Dispensary	A	1866	2,500 00	3,544 17	370 00	3,230 00	8,000 00	2,444 17	3,734	1 22	3,600 00
German Dispensary	B	1858	600 00	677 45	114 60	711 82	98 00	.....	811	1 01	825 82
Harlem Dispensary	B	1868	1,000 00	1,993 17	864 34	1,749 28	1,900 00	379 55	3,547	73	2,613 62
Manhattan Dispensary	B	1862	2,000 00	1,729 66	415 65	2,538 20	711 00	845 15	2,009	1 01	2,953 85
New York Dispensary	A	1790	6,000 00	.....	.....	.....	.....	.....	*	.....	.....
West Dispensary, women and children	B	1868	300 00	1,303 17	.....	1,071 85	150 00	531 32	2,244	47	1,071 85
New York Infirmary Dispensary	A	1853	500 00	.....	.....	.....	.....	.....	5,760	.....	.....
Northern Dispensary	A	1827	500 00	4,209 37	3,198 00	1,633 26	31,700 00	.....	18,446	26	4,831 26
Northeastern Dispensary	O	1862	1,500 00	2,124 81	1,597 61	1,376 50	2,700 48	650 70	18,625	15	2,974 11
Northwestern Dispensary	A	1852	.....	.....	.....	.....	82,500 00	.....	*	.....	.....
Yorkville Dispensary	B	1867	.....	.....	.....	.....	.....	.....	*	.....	.....
Central Dispensary	A	1868	.....	1,840 62	1,356 35	576 76	.....	.....	5,708	33	1,933 11
Hoffman Dispensary	B	1867	.....	1,277 36	450 00	518 46	1,906 94	308 90	2,421	39	968 46
Orthopœdic Dispensary	B	....	.....	9,120 89	1,948 43	7,681 26	4,210 00	.....	267	36 06	9,629 69
New York Eye and Ear Dispensary	A	....	1,000 00	80,886 63	2,452 88	27,917 16	205,440 11	1,496 59	9,468	3 20	30,370 04
New York Dispensary—Skin	B	....	.....	714 67	.....	714 67	.....	.....	289	2 47	714 67
New York Dispensary—Throat and Chest	B	....	.....	3,305 05	120 00	2,825 00	400 00	360 00	487	6 05	2,945 00
New York Dispensary—Cancer	B	....	1,000 00	1,000 00	.....	2,000 00	400 00	.....	360	5 55	2,000 00
German Hospital and Dispensary	A	1858	3,824 00	33,876 33	12,006 84	20,404 41	254,001 81	6,188 48	600	54 01	32,411 25
Infirmary of New York—College of Dentistry	A	....	.....	3,287 60	1,160,00	1,977 08	2,539 00	150 52	3,895	80	3,137 08
Dispensary and Hospital, Society of Women's Inst.	A	1867	.....	509 50	.....	1,289 70	.....	.....	371	3 47	1,289 70
Bond Street and Branch Homœopathic Dispensary	B	1855	2,500 00	6,299 76	2,850 00	5,619 50	2,250 00	330 26	41,714	20	8,469 50
New York Homœopathic Dispensary	B	1860	2,000 00	1,966 52	1,948 34	1,958 75	.....	59 43	9,742	40	3,907 09
Northeastern Homœopathic Dispensary	A	1868	3,000 00	2,899 45	1,497 00	2,685 41	1,700 00	1,717 04	2,913	} 1 44	4,182 41
N. E. Homœopathic Medical and Surgical Dispensary	A	1868	3,000 00	2,899 45	1,497 00	2,685 41	1,700 00	1,717 04	2,913		
Western Homœopathic Dispensary	B	1868	1,500 00	1,705 23	1,183 00	1,065 36	100 00	834 15	14,295	15	2,248 36

* No report furnished State Comptroller. A—Own building. B—Hire rooms. O—Occupy city property free of rent.

LXXII.

Report of the Yorkville Homœopathic Dispensary.

Organized October 1, 1871. Located at No. 201, Eighty-third street.

Officers, 1871.

President.—J. H. Browning.
Secretary.—Samuel Thomson.
Treasurer.—Jacob Dunn.

Medical Staff.

Consulting Surgeons.—Drs. William Tod Helmuth and John C. Minor.

Consulting Physicians.—Drs. Carroll Dunham and George E. Belcher.

Attending Physicians.—Monday and Thursday, Dr. T. S. Ring; Tuesday and Friday, Dr. A. J. Richardson; Wednesday and Saturday, Dr. Benj. Wilson.

Medical Director.—Dr. Benj. Wilson.

Report.

This institution is at present sustained by voluntary contributions, but the directors hope that by another year the dispensary will be put on a more permanent basis by the additional support of State aid.

Report of cases treated from October 1, 1871, to February 9, 1872.

Patients treated at dispensary	264
Patients treated at their homes	29
Number of visits	100
Total number of prescriptions	532

The directors hope by another year to be able to furnish a more complete report.

LXXIII.

Report of the Poughkeepsie Homœopathic Dispensary.

By HENRY M. AVERY, M. D.

Incorporated January 27, 1867. Located at No. 10, S. Bridge street, Poughkeepsie, Dutchess county.

OFFICERS, 1871.

President.—Abraham Wiltsie.

Vice-President.—Hon. John Thompson.

Secretary and Treasurer.—Dr. Henry N. Avery.

Directors.—Abraham Wiltsie, S. M. Buckingham, Rev. C. D. Rice, Hon. John Thompson, G. C. Burnap, T. Coffin, Dr. H. N. Avery.

Physician and Surgeon.—Dr. Henry N. Avery.

REPORT.

During the past year this dispensary has afforded relief to large numbers of sick poor. Particularly, during the past year, has its truly great beneficence been appreciated by hundreds who have not been able to procure steady employment.

We have had patients at the institution from all parts of the county, besides many from points up and down the river.

Many indigent families have relied for years upon the medical and surgical aid tendered at our dispensary.

During the past season we have treated a large number of children suffering from summer complaints; and by timely aid, many deaths have been prevented.

We endeavor to dispense medicines to those only who are in needy circumstances.

The dispensary is in a very flourishing condition, and has never rendered more assistance than during the past year.

Report of Cases Treated during the Year ending October 1, 1871.

FORM OF DISEASES.	No. of cases.	Cured.	Relieved.	Result unknown.	Died.	Under treatment.	Male.	Female.
Abscess	8	8	....	....	....	....	5	3
Amenorrhœa	28	18	3	4	....	3	....	28
Anasarca	7	3	2	1	....	1	5	2
Asthma	5	1	3	1	....	....	4	1
Bronchitis	119	119	....	....	....	....	78	31
Burn	6	6	....	....	....	....	3	3
Caries	3	2	....	1	....	....	3	

Report of Cases Treated, etc.—(Continued).

FORM OF DISEASES.	No. of cases.	Cured.	Relieved.	Result unknown.	Died.	Under treatment.	Male.	Female.
Croup	19	19	....	....	....	....	12	7
Carditis	8	2	6	....	....	....	6	2
Cancer	2	....	2	....	....	....	....	2
Constipation	59	33	20	3	....	3	12	47
Colic	7	7	....	....	....	....	4	3
Catarrh	46	38	5	....	....	3	32	14
Cephalalgia	7	6	1	....	....	....	4	3
Cholera morbus	11	11	....	....	....	....	6	5
Conjunctivitis	12	12	....	....	....	....	8	4
Cynanche	5	3	1	1	....	....	4	1
Cholera infantum	10	10	....	....	....	....	6	4
Deafness	2	1	1	....	....	....	1	1
Diarrhœa	87	87	....	....	....	....	58	29
Delirium tremens	3	3	....	....	....	....	3	
Dysmenorrhœa	19	8	11	....	....	....	....	19
Dyspepsia	47	18	29	....	....	....	24	23
Dysentery	8	8	....	....	....	....	5	3
Dysuria	2	2	....	....	....	....	1	1
Emesis	5	5	....	....	....	....	4	1
Enuresis	9	9	....	....	....	....	6	3
Epistaxis	1	1	....	....	....	....	1	
Epilepsy	3	1	2	....	....	....	2	1
Erysipelas	11	11	....	....	....	....	8	3
Eczema	24	24	....	....	....	....	7	17
Fever, remittent	6	6	....	....	....	....	5	2
Fever, intermittent	182	182	....	....	....	....	74	108
Felon	2	2	....	....	....	....	1	1
Furunculus	7	7	....	....	....	....	5	2
Gastralgia	3	3	....	....	....	....	2	1
Gonorrhœa	18	18	....	....	....	....	18	
Goitre	1	....	1	....	....	....	....	1
Helminthiasis	28	28	....	....	....	....	10	18
Hœmorrhoids	13	6	4	3	....	....	....	
Hemicrania	1	....	1	....	....	....	....	1
Hernia	7	3	3	1	....	....	4	3
Herpes	10	10	....	....	....	....	4	6
Hysteria	1	....	1	....	....	....	....	1
Laryngitis	7	7	....	....	....	....	4	3
Leucorrhœa	34	18	16	....	....	....	....	34
Marasmus	1	....	1	....	....	....	....	1
Menorrhagia	7	4	3	....	....	....	....	7
Metritis	13	8	5	....	....	....	....	13
Neuralgia	19	4	8	7	....	....	14	5
Orchitis	2	2	....	....	....	....	2	
Ophthalmia	18	18	....	....	....	....	8	10
Paralysis	9	....	7	2	....	....	7	2
Purtussis	12	2	10	....	....	....	6	4
Phthisis	26	....	20	2	2	2	18	8
Pleurisy	9	9	....	....	....	....	7	2
Poison	1	1	....	....	....	....	1	
Psoriasis	2	2	....	....	....	....	....	2
Rheumatism	36	28	6	....	....	2	22	14
Scrofula	4	1	3	....	....	....	2	2
Scarlatina	9	9	....	....	....	....	5	4
Sprain	3	3	....	....	....	....	3	
Syphilis	19	19	....	....	....	....	14	5
Teeth extracted, cases	178	178	....	....	....	....	87	91
Tumor	7	6	1	....	....	....	5	2
Ulcer	18	18	....	....	....	....	7	11
Uterus prolapsus	7	7	....	....	....	....	....	7
Vaccination	149	149	....	....	....	....	67	82
Veins, varicose	3	1	....	....	....	....	2	1
Wounds	29	29	2	....	....	....	22	7

Cases	1,364
Prescriptions	3,786

Financial Statement.

Expenditures	$996 29
Receipts	995 00
Amount of indebtedness	$1 29

LXXIV.

Report of the New York Homœopathic Medical College.

By J. W. DOWLING, M. D.

Incorporated 1859. Located at 151 East Twentieth street, New York.

OFFICERS, 1871.

President.—William Cullen Bryant.

Vice-President.—S. H. Wales.

Secretary.—Edmund Dwight.

Treasurer.—H. N. Twombly.

Trustees.—Hon. A. Oakey Hall, Prof. H. Webster, LL.D., Wm. Degroot, Hon. Jas. M. Smith, Hiram Calkins, Geo. W. Clark, Wm. H. Raynor, T. C. Smith, D. D. T. Marshall, Jas. A. Robinson, John D. Van Buren, D. L. Pettie, Chas. P. Frand, B. S. Walcott, Geo. S. Lake, Alexander Wilder, Alexander Frear, Dr. B. F. Joslin, Dr. L. Hallock.

Medical Faculty.

Surgery.—Dr. Wm. Tod Helmuth.

Ophthalmic Surgery.—Dr. C. Th. Liebold.

Theory and Practice of Medicine.—Drs. J. W. Dowling, F. S. Bradford.

Clinical and Psychological Medicine.—Dr. S. Lilienthal.

Institutes and History of Medicine.—Dr. H. D. Paine.

Materia Medica and Therapeutics.—Drs. Carroll Dunham, T. F. Allen.

Physiology.—Dr. H. C. Houghton.

Histology.—Dr. C. A. Bacon.

Obstetrics.—Dr. S. P. Burdick.

Diseases of Women and Children.—Dr. E. M. Kellogg.

Chemistry and Toxicology.—Charles Avery, M. D., LL.,D.

Anatomy.—Dr. Wm. O. McDonald.

Medical Jurisprudence.—R. H. Lyon, Esq.

Demonstrator of Anatomy.—Dr. T. D. Bradford.

Prosector of Surgery and Lecturer on Surgical Anatomy.—Dr. H. M. Jernegan.

Censors.—Drs. G. E. Belcher, B. F. Joslyn, E. P. Fowler, L. Hallock.

Annual Announcement.

The board of trustees of the New York Homœopathic Medical College take pleasure in announcing to the profession the completion of arrangements, whereby one of the most elegant and commodious edifices in the city of New York (combining the New York Ophthalmic Hospital and College) will be ready for the reception of students by the beginning of the coming session. The building (a cut of which can be seen on the cover of this announcement) is five stories high, of a highly ornamental style of architecture, has a front of fifty feet on Third avenue, and a depth of one hundred feet upon Twenty-third street, and will cost, when completed, one hundred and forty thousand dollars. The appointments will be complete in every respect. The lecture-rooms have been so arranged with reference to sound and light that every student can, with facility, hear the lecturer distinctly, and witness any demonstrations or experiments which may be performed. In addition to the usual faculty-rooms, museum and dissecting-rooms, the surgical wards are placed adjacent to the ampitheatre, in order that patients operated upon before the class, can be moved immediately to their beds in the hospital, to receive the proper attention and after-treatment; thus giving the student opportunity to witness the medical management of surgical diseases, by far the more important consideration to those professing homœopathy.

The college dispensary, which receives appropriations from the city and State, is in full and successful operation, affording the professor of clinical medicine an abundance of material for his lectures; and members of the class are allowed to assist in the dispensary service.

The New York Ophthalmic Hospital, showing, perhaps, a greater success than any similar institution in the country, the daily clinics averaging from seventy-five to one hundred patients, and which will contain about sixty beds for the accommodation of those under treatment, being under the same roof with the college, will offer superior advantages to the students. During the past session, members of the graduating class, under the direction and supervision of the surgeons of the hospital, were allowed to perform operations on the eye; and one of the most successful of these, for strabismus, was made by a member of the graduating class.

The aural department is also rapidly gaining in favor, and all the newer methods and apparatus for examination and treatment of

this rather neglected branch of surgery will be explained to the student.

In addition to this, the regular course of lectures on ophthalmic and aural surgery, as mentioned elsewhere in this announcement, will be given by the surgeons of this charity to the classes of the college without extra charge.

Clinical Instruction.

Fully aware of the importance of clinical instruction, the effort will be made to hold one or more clinics every day in the week; two in surgery, three in medicine, one in obstetrics and diseases of children.

Besides the usual facilities of the dissecting-room, and practical demonstrations in anatomy, both regional and surgical, there will be lectures delivered upon the duties of assistants, and upon bandaging, and other points in minor surgery.

Museum.

A very large addition has been made to the museum from many and varied sources, and the microscopic department now has in its armamentarium a fine collection of preparations and objectives. The student will receive lessons in the use of this now indispensable instrument from the professor of histology, who is thoroughly experienced in this branch of science.

For information on any subject connected with the business affairs of the college, address the registrar.

As an extraordinary inducement to students, to attend the graded course, in accordance with the suggestion of the American Institute of Homœopathy, the faculty have adopted the following curriculum of study, which is earnestly recommended to students, but is not considered obligatory upon them.

First Year.—Anatomy, physiology, institutes, histology, chemistry and dissections. Fee, sixty dollars.

*Second Year.**—Review the studies of the first year, and attend the lectures on surgery, practice of medicine, obstetrics and materia medica. Fee, one hundred dollars.

Third Year.—Review studies of the second year, and, in addition, receive instructions in history of medicine, clinics, medical

* At the close of this year the student may be examined in the studies of the first year, and if proficient will receive a certificate of graduation in those studies.

jurisprudence, psychological diseases, ophthalmology and aural surgery. No lecture fee.

Regulations of the College.

The regular course of lectures will commence on the second Tuesday of October, and end on the last day of February.

Candidates for graduation, must, in accordance with the law of the State of New York, be twenty-one years of age, and of good moral standing; must have studied medicine three years with a qualified physician, and attended two full courses of lectures, the last of them at this college.

The tickets must be taken by the second Monday of November, to constitute a full course.

Students who have attended two full courses in this college, or one in this and one in some other medical college, will be required to matriculate only.

Each candidate for graduation, must, on or before the first of February, deliver to the dean of the faculty, a thesis composed by himself, and in his own handwriting, on some medical subject; and it shall be referred to the faculty for examination.

The fee for graduation must be paid at the time of presenting the thesis; and in case of the student's rejection, this fee shall be returned to him.

Notice that his examination has proved satisfactory, shall be given by the dean to each successful candidate, who shall record his name and address upon the list of graduates, with the title of his thesis.

In unsatisfactory cases, the candidate may have a second examination before the whole faculty, with their consent.

The names of the successful candidates shall be reported by the dean to the board of trustees, in order that, if approved by them, they may order the conferring of the degree of doctor of medicine.

No candidate may be absent from commencement without permission of the faculty.

Fees for a full course of lectures (cash)	$100 00
Matriculation fee (once only)	5 00
Practical anatomy	10 00
Graduation fee	30 00
Graduates of other medical colleges	30 00
Students who have attended two full courses at other medical colleges	50 00

LXXV.

Report of the New York Medical College for Women.

Incorporated 1863. Located at No. 187 Second avenue, corner of Twelfth street.

Officers, 1871.

President.—Mrs. Richard B. Connolly.

Vice-President.—Mrs. Edward Bayard.

Treasurer.—Mrs. David Ely.

Corresponding Secretary.—Mrs. C. Fowler Wells.

Recording Secretary.—Mrs. F. G. Blinn.

Trustees.—Mrs. E. A. Lane, Mrs. Vincent C. King, Mrs. L. Mosely Ward, M. D., Mrs. D. E. Sackett, Mrs. D. N. Ropes, Mrs. J. W. White, Mrs. Geo. E. Vanderburgh, Mrs. A. C. L. Botta, Mrs. David Ely, Mrs. K. H. Browning, Mrs. Stephen Cutter.

Board of Censors.—Drs. Carroll Dunham, Henry D. Paine, Lewis Hallock, Edward P. Fowler, John F. Gray.

Advisory Council.—Theodore Dwight, LL.D., Horace Webster, LL.D., Hon. R. B. Connolly, Dr. E. E. Marcy, Dr. L. Hallock, Hon. Vincent King, Rev. H. A. Sackett.

Executive Committee.—Mrs. Bayard, Mrs. Botta, Mrs. Browning, Mrs. King, Mrs. Wells.

Hospital Committee.—Mrs. Bayard, Mrs. Botta, Mrs. Bigelow, Mrs. Vanderburgh, Mrs. Sackett, Mrs. Cutter.

Auditors.—J. A. Fithian, Esq., Dr. A. Lozier, L. A. Roberts, Esq.

Medical Faculty.

Emeritus Professor of Diseases of Women and Children and Dean of the Faculty.—Mrs. C. S. Lozier, M. D.

Surgery.—Dr. F. E. Doughty.

Clinical Surgery.—Dr. J. C. Minor.

Physiology.—Dr. H. C. Houghton.

Principles and Practice of Medicine.—Dr. F. S. Bradford.

Clinical Medicine.—Dr. S. Lilienthal.

Obstetrics and Anatomy.—Dr. Sarah E. Furnas.

Diseases of Women and Children.—Dr. E. M. Kellogg.

Materia Medica and Therapeutics.—Dr. T. F. Allen.

Chemistry.—Chas. S. Stone, A. M.

Adjunct Professor of Chemistry and Toxicology.—Dr. F. A. Rockwith.

Medical Jurisprudence.—B. D. Penfield, Esq., A. M.

Demonstrator of Anatomy.—Dr. Sarah Ferguson.

Ninth Annual Announcement.

The ninth year of the Medical College and Hospital for Women, opens under most favorable auspices. In 1869, extensive additions to the building were made, consisting of an anatomical room, with a gallery above, and two large rooms for additional hospital wards. The dispensary was remodelled, and is now well lighted and well arranged. Three thousand dollars were appropriated for the purchase of apparatus for the surgical and chemical departments, and for additions to the museum and library. The members of the faculty cordially coöperate with the trustees in their efforts to make this institution one which shall be worthy of the great metropolis which has thus far so generously aided it.

The dispensary attached to the college is open daily for the treatment of patients, and students are thus afforded the opportunity of constantly observing and treating cases under the supervision of the clinical professor.

The hospital in the college building affords every facility for the study of obstetrical cases, and of chronic as well as acute diseases of women and children. Without this actual observation at the bedside of the patient, the study of disease, from books, would be of comparatively little value.

The large hospitals and dispensaries of the city are also open to the students of this college, as well as the lectures of the faculty.

The true physician, not less than the true pastor, is the agent of God, is received into the family on a footing accorded to no other, intrusted with the most sacred confidences of mother, wife, and daughter, and therefore the moral requirements of the medical profession should be higher than those of any other. During the seven years that lectures and demonstrations have been given in the University of Zurich before mixed clinics, there have been none of the unseemly and unmanly proceedings that have disgraced some American medical colleges; on the contrary the dean reports that the presence of women has improved the discipline of the school.

Some of the medical colleges in our western States have wisely

opened their doors, and many good representative women have availed themselves of this opportunity.

Two graduates of this college, Mrs. Barrows and Miss Safford, have pursued their studies in Vienna, where every facility was afforded them by the professors; and from the students of the other sex, who were studying the same profession, they received uniform courtesy and kindness. Public sentiment has advanced rapidly, in Great Britain, during the last decade, but not without peculiar, amusing and decisive struggles, respecting the medical education of woman.

A recent letter from England says: "The late Sir James Simpson stood by the side of Professors Masson, Fawcett, Balfour, Guthrie, Oliver, Marshall, and all the leading men of the leading universities of Europe, in favor of the complete equality of the sexes in medical education."

One of the most significant facts of this age, is the spontaneous and universal movement of women towards a higher intellectual development, a movement not confined to our own country nor even to enlightened Europe, but which is extending to those benighted regions where the sex is kept in seclusion, and in abject submission to man.

Whatever may be thought of the medical profession for women in Christian countries, there can be no doubt that it will be the most powerful auxiliary in the great missionary field of the world; and when women go forth carrying the evangel of health and Christianity to their suffering and degraded sisters in heathen lands, there will be a wonderful regeneration in the races that inhabit them, since the condition of women is in every country the exponent of its civilization. Dr. Humphrey, of the American Mission in India, aided by Hindus of high rank, has established a school of medicine for women, and native Christian women completed their first year of study with such credit, that they were put in charge of the female wards of the government hospitals, and a grant was made by the government to aid in the erection of buildings for a new college.

The General Assembly of the Reunited Presbyterian Church held in Philadelphia in May, 1870, passed resolutions in favor of increasing the staff of women as missionaries, in those countries where the higher classes can only be reached by their own sex, and recommending the seeking out and commissioning those, who, being otherwise fitted for the work, should be qualified to practice medicine. Indeed the great

body of missionaries are unanimous in their expressions of the importance of women taking their part in this great work, who are able to do good to the bodies as well as the souls of those whom they go among.

The great discoveries and advances in every department of physical science within the last few years, require a corresponding advance in the standard of medical education, and since the profession has been entered by women, it is of the highest importance that they should enjoy every possible advantage in pursuing it. In accordance with this idea, the faculty of the New York Medical College for Women, in common with other medical instructors, have decided that a more extended period of study and attendance upon lectures should be required, and they have divided and graded the studies as follows:

Course of Study.

First Year.—The first year will be devoted to anatomy (with much attention to demonstrations), chemistry, physiology and materia medica.

Junior Year.—The second year will be given to anatomy, materia medica, theory and practice and diseases of women, and chemistry (if not completed).

Senior Year.—Surgery, obstetrics, medical jurisprudence, practice under the supervision of the professor, with oral and written discussions of medical themes. In addition to didactic teaching, the professors will hold recitations and quizzes at least twice a week.

Dissections are required in the first and second, but not in the third year.

Advanced pupils will be permitted to diagnose pathological conditions, and treat cases of disease, before the class in the presence of a professor.

The supplementary, or spring term, will give opportunity for extra attention to practice, and such special subjects as ophthalmology, obstetrical surgery, auscultation, microscopic examinations, etc.

Clinical Lecturers.

Clinics at the College Buildings.—Dr. Lilienthal, general clinic, twice a week; attending physician, general clinic, once a week; Dr. J. C. Minor, surgical clinic, once a week; Mrs. C. S. Lozier, M. D., clinical lectures, twice a week.

Clinics at the New York Homœopathic Dispensary.—Dr. J. A. Ward, chest and heart diseases, once a week; Dr. J. Arcularius, skin diseases, once a week.

Clinics of the New York Ophthalmic Hospital.—Dr. T. F. Allen, diseases of the eye, once a week; Dr. H. C. Houghton, diseases of the ear, once a week.

Calendar.

The regular session of 1871–2, will commence on Tuesday, October 17, and will continue twenty-two weeks. There will be a reunion and opening exercises at eight o'clock P. M. of that day, at the college, 187 Second avenue. The short, or preliminary term will commence March 22, 1872.

Examinations for matriculation will be conducted by the faculty, during the first week of attendance, and for advanced standing, at the close of each session. The final examination for the degree, of those approved by the faculty, will be conducted by the board of censors two weeks prior to commencement.

Requirements.

The applicant for matriculation must present to the secretary of the faculty an approved certificate of good moral character, must have arrived at the age of eighteen years, have a good English education; also a knowledge of elementary botany, and of chemistry, as far as the metals; and have been under the instruction of a respectable practitioner of medicine.

Applicants for the degree must furnish the secretary of the trustees a certificate from the faculty, of their approval, and must be sustained by a four-fifths vote of the board of censors.

Expenses.

Matriculation ticket	$5 00
Demonstrator's ticket	5 00
Professors' tickets	70 00
Bellevue hospital	3 00
Diploma	10 00

The charge for lectures to nurses is fifteen dollars.

Ladies who wish to pursue any of the studies taught, can procure tickets to any one of the lectures, at fifteen dollars.

Tuition fees must be paid, one-half in advance, and the balance by January 1st. No student will be graduated until her accounts are settled with the treasurer.

Six capable and well educated persons of limited means will be received on payment of matriculation and demonstration fees. Any person wishing to avail herself of this privilege, will send an applica-

tion in her own hand writing, accompanied by proper testimonials, to the secretary.

A free scholarship will be given to one graduate from each chartered female college in this State.

Anatomical material can usually be had promptly, and at a cost not exceeding six dollars for the first, and three dollars for the second year.

The trustees will, if desired, aid pupils in finding boarding accommodations, either in common or otherwise, on reduced terms.

Strangers are invited to come directly to the college, corner of Twelfth street and Second avenue, and inquire for the resident trustee.

Charter of the New York Medical College and Hospital for Women.

Corporators.

Maria Louise Ewen, Nancy Fish, Maria L. Oscanyan, Elizabeth S. S. Eaton, Martha A. Elliott, Augusta T. C. Niven, A. Ensign Newman, of New York City; Matilda C. Perry, of Albany city; Maria S. Connolly, of New York city; Elizabeth Ransom, of Fort Hamilton, New York; Mary Ward, Sarah Ann Martin, Elvina A. Lane, Sarah A. King, Laura M. Ward, Anna C. Van Ness, Georgiana Gray, Frances S. Rugg, Mary A. Camerden, Harriet P. R. White, Catharine Buckley, Eliza A. King, Sarah Andrews, of New York city; Maria A. M. Fowle, of Brooklyn, New York; Lydia E. Rushby, Mary F. James, Charlotte Fowler Wells, Margaret Austin, of New York city, and S. S. Nivison, of Tompkins county, New York, and their associates, are hereby constituted a body corporate by the name of the "New York Medical College for Women," to be located in the city of New York, for the purpose of instruction in the department of learning and medical science professed and taught by said college.

Amended June 12, 1866.

University of the State of New York. — By the Regents of the University of the State of New York.

Whereas, in and by an act of the Legislature of said State of New York, passed March 30th, 1866, it is enacted that the Regents of the University shall possess the same powers in respect to the charter or acts of incorporation of the New York Medical College for Women, and Hospital for Women and Children, as if the said charter had been granted by the regents, and the said college had been incorporated by the said regents subsequent to the first day of May, 1853:

And, whereas, Application has been made in due form to the said Regents to amend the charter of the said institution in several respects, and such application has been duly considered:

Now, therefore, be it known, That the said regents, by virtue of the authority in them by law vested, do ordain, determine and declare,

First. The name of the said corporation is hereby changed to "The New York Medical College and Hospital for Women," by which name it shall hereafter be called and known.

Second. Hereafter *nine* members of the board of trustees of the said institution shall form a quorum for the transaction of business; and no election shall be held to fill the place of any trustee whose seat shall become vacant, until after the number of trustees shall have been reduced to less than seventeen, and thereafter the number of trustees shall be *seventeen.* Neither the wife nor the husband of any professor in said college or hospital shall be a member of the board of trustees.

Third. The trustees shall have power to grant and confer the degree of doctor of medicine upon any person of the age of twenty-one years, of good moral character, upon the recommendation of the board of professors, and the approval of a board of censors composed of at least five reputable physicians to be appointed by the said trustees, who shall certify that such person has creditably sustained, in their presence, a critical examination in all the related branches of medical science; but no person shall receive a diploma conferring such a degree unless such person shall have pursued the study of medical science for at least three years after the age of eighteen years with some physician or surgeon duly authorized by law to practice in the profession, and shall also after that age have attended two complete courses of all the lectures delivered in some incorporated medical college, the latter of which courses shall have been delivered by the professors of the said college.

Fourth. The officers of the said board of trustees, elected at the last election of such officers, shall continue to hold their offices until the next annual meeting of the board, and they and their successors shall hold their offices until others shall be elected in their places; and in case of a failure to elect such officers, or any of them, at any annual meeting, such election may be held at any subsequent meeting of the trustees.

Fifth. This ordinance shall take effect immediately, and the said regents may at any time alter, amend or repeal the same.

In witness whereof, the said regents have caused their common seal to be affixed, and their chancellor and [Seal.] secretary have hereto subscribed their names, this twelfth day of June, in the year one thousand eight hundred and sixty-six.

JOHN V. L. PRUYN,
Chancellor of the University.

S. B. Woolworth, *Secretary.*

LXXVI.

Report of the Albany County Medical Society.

Organized 1860. Embraces the counties of Albany and Schenectady. Annual meeting, second Tuesday in January; regular meetings, second Tuesday in each month.

Officers and Members, 1871.

Officers.

President.—Dr. S. H. Carroll.
Vice-President.—Dr. H. G. Preston.
Secretary and Treasurer.—Dr. E. A. Carpenter.
Censors.—Drs. J. F. McKown, G. A. Cox, N. Hunting.
Delegates to the State Medical Society.—Drs. S. H. Carroll, H. G. Preston, W. H. Randel, G. A. Cox.
Delegate to the American Institute of Homœopathy.—Dr. S. H. Carroll.

Honorary Members.

Drs. Henry D. Paine, J. H. A. Graham, William H. Watson, W. S. Searle.

Members.

Drs.	Henry D. Paine,* 227 Fifth avenue, New York	1860
	David Springsteed, 72 Hudson street, Albany	1860
	E. Darwin Jones, 140 State street, Albany	1860
	Lester M. Pratt, 58 Columbia street, Albany	1860
	James W. Cox, 109 State street, Albany	1860
	William H. Randel, 1 Clinton square, Albany	1860
	John S. Delavan, Europe	1865
	Horace M. Paine, 104 State street, Albany	1865
	William S. Baker,* Newark, N. J	1865
	J. C. Butler*	1867
	Herman B. Horton,* Huntington, Suffolk county	1867
	Harmon Switz, Schenectady, Schenectady county	1867
	Joseph H. White,* Amsterdam, Montgomery county	1867
	J. H. A. Graham, Berne	1868
	James F. McKown, 297 Hamilton street, Albany	1868
	Porter L. F. Reynolds, 76 Hudson street, Albany	1869
	Nelson D. Hunting, 84 Grand street, Albany	1869
	George A. Cox, corner of State and Swan streets, Albany,	1869
	Edward A. Carpenter,* Plattsburgh, Clinton county	1870
	John Smithwick,* Weston, Mass	1870
	Henry G. Preston, 61 Eagle street, Albany	1871

* Removed.

Drs. Philip I. Cromwell,* Cleveland, Oswego county 1871
E. C. Howe, New Baltimore, Greene county..... 1871
J. H. Fitch, 73 Lancaster street, Albany 1871
F. W. Thomas,* Philadelphia, Pa..... 1871
G. H. Billings, Cohoes, Albany county..... 1871
D. A. Cookingham, Schenectady..... 1872
Frederick W. Halsey, 7 Plain street, Albany 1872

PROCEEDINGS OF MEETINGS.

Annual Meeting.

The eleventh annual meeting of the Albany County Homœopathic Medical Society, was held January 3, 1871, at the city dispensary. The officers for the succeeding year were elected.

The president was authorized to appoint delegates to neighboring county medical societies; also medical committees in sufficient numbers to include the name of every member of the society.

Drs. H. G. Preston, P. I. Cromwell and E. C. Howe were elected members of the society.

A communication from Dr. W. H. Watson, of Utica, was read, regarding the recent removal of Dr. S. Spooner, of Oneida, Madison county, from the office of pension surgeon, on account of his adherence to the homœopathic system of medical practice.

An extended discussion followed; after which appropriate resolutions were unanimously adopted. The resolutions may be found in article entitled "Medical Intolerance."

The secretary read a circular issued under the auspices of the Washington Homœopathic Medical Society, calling attention to the movement just inaugurated for the establishment of a national university, in connection with which the interests of the homœopathic profession in this country are jeopardized, whereupon the following resolutions were adopted:

Whereas, A movement is on foot to establish a National University of Medicine in the capital of the United States, an association having been formed and a board of corporators having been selected for the purpose of carrying out the enterprise, a memorial having already been referred to a congressional committee.

Whereas, The evident necessity for such an institution will probably secure the success of this enterprise, bidding fair to rival the universities of Paris, Vienna and Leipsic.

Whereas, Past experience proves that when such institutions are under allopathic control, the centralized power thus obtained is used chiefly to monopolize all places of trust and profit, to which the medical profession is eligible as physicians for the special benefit of their own sect, rather than the advancement of science.

Whereas, The homœopathic school of medicine seeing in this enterprise as at present projected a design to exclude them as a body from participation in the benefits which a national university offers; therefore,

* Removed.

Resolved, That the homœopathic school of medicine is entitled to equal rights with the allopathic school, and also to a chair of homœopathy in the proposed university.

Resolved, That the homœopathic profession hereby petition the honorable the Senate and House of Representatives, in Congress assembled, that they make the establishment of a chair of homœopathy in said university a prerequisite for the granting of a charter, and thereby prevent a sectarian monopoly.

Quarterly Meeting.

A quarterly meeting of the society was held April 11, 1871, Dr. Jas. F. McKown in the chair.

Dr. Paine moved that Dr. Carpenter be appointed a delegate to the New York State Homœopathic Medical Society in place of Dr. Smithwick, removed from the county.

Dr. Paine presented a report from the committee appointed to prepare a fee-bill. The report was accepted and the committee discharged.

Dr. Paine called attention to the recent action of the Albany County Allopathic Medical Society, expressed in a series of resolutions having reference to the removal of Dr. Van Arnum, commissioner of pensions, which were grossly discourteous and illiberal toward the members of this society, and were filled with misrepresentations, evidently for the purpose of deceiving the public. He urged the appointment of a committee to take such action as might be required. The chair accordingly appointed Drs. Paine, Pratt and McKown said committee. The committee subsequently presented an extended and carefully prepared report, which is published in the article entitled "Medical Intolerance."

On motion of Dr. Cromwell, the committee was requested to publish the report in the daily papers.

August Meeting.

A regular meeting of the society was held at the office of Drs. Pratt and Delavan, Thursday evening, August 17, 1871.

The hospital committee reported progress regarding the petition presented to the board of governors of the Albany City Hospital, relative to the establishment of a homœopathic department. The report was accepted and the committee continued.

A paper on "Intermittent Fever," by H. E. Powell, M. D., was presented and read.

Dr. Delavan called attention to the remedial effect of capsicum* in two cases of intermittent fever.

Considerable discussion ensued regarding the treatment of intermittent fever. Quinine, with sulphate of zinc, was considered a useful remedy for that disease.

Dr. Carroll had received a letter from a class-mate in New Jersey giving him a recipe for intermittent fever, viz., sub-carbonate of iron, Dover's powder and quinine.

Dr. Fitch, of Gallupville, was proposed, by Dr. Preston, for membership, and elected.

Dr. Paine presented for examination a new form of an intra-uterine suppository syringe, and several new forms of uterine supporters.

Dr. Paine presented the following resolution protesting against the publication of Dr. Swan's proving.

Resolved, That we view with distrust the proving of non-medicinal and inert substances, and hereby protest against the publication in the transactions of the American Institute of Homœopathy of the paper of Dr. Swan, presented at its late meeting in Philadelphia.

The resolution was adopted.

Dr. Carroll related an interesting case of lead colic.

The meeting adjourned to the second Tuesday in September.

September Meeting.

The regular monthly meeting of the society was held September 13, 1871, at the office of Dr. Paine; the president, Dr. Carrol in chair.

Present.—Drs. Cox, Pratt, Springsteed, Reynolds, White, Hunting, Carroll, Preston, Paine, Bellan, Thomas and Carpenter; as guests, Dr. Fuller, of Lansingburgh; Dr. C. P. Cook, of Hudson; Drs. Carpenter, Campbell, McCort and Vincent, of Troy.

Dr. Thomas, of Albany, resident physician of the Albany City Dispensary, and Dr. G. H. Billings, of Cohoes, were unanimously elected members of the society.

The hospital committee reported that public opinion seemed to favor the establishment of a department in the Albany City Hospital for the treatment of diseases homœopathically.

Dr. J. N. White, of Amsterdam, presented for examination, a little boy, six years of age, having a large tumor on the superior maxillary bone. About eighteen months before, a small tumor was noticed; some time after a tooth was extracted because of pain. A probe could then be passed into the tumor, one and a half inches. The tumor was lanced, but no discharge followed. Dr. White had seen a similar case in Amsterdam, which was successfully operated upon by Dr. Kingsley, of Rome.

An operation was suggested by several physicians; others recommended that internal treatment be first tried. The latter plan was adopted, and promised well, but the patient unfortunately received several severe blows, at one time being knocked down and the tumor caused to bleed, since which time it had grown rapidly. In the treatment several remedies were used, but the most reliable were silicea and trifolium.

Dr. Carpenter, of Troy, stated that he had treated a similar case, a lady fifty-five years of age. The tumor was so great as to close the eye. A cure was effected in from four to six months, by the administration of hecla lava.

Dr. H. G. Preston read a report giving a minute description of a case presented for treatment at the dispensary. The patient came

from Johnstown, Montgomery county. The disease consisted of a large tumor located on the back of the left hand. The history of the disease and of the operation of its removal were given in full, and were accompanied by a drawing accurately delineating the morbid growth. (See page 349.)

Dr. Paine related the history of a similar case. The patient was of a scrofulous diathesis; the tumor the size of a small hazel nut, located on the ring finger of the left hand. A surgeon was consulted, but could not operate upon it, because of the difficulty in securing a flap. Nitrate of silver in small pieces was again and again applied, with complete success.

A paper on "Spermatorrhœa," by Dr. Dayfoot, was presented and read.

Dr. Paine called the attention of the society to the ratio of spermatorrhœa among the causes of insanity.

The following extract from the report of the Ohio State Lunatic Asylum, as published in the *University Journal*, indicates that in nine hundred and fifty-two cases of insanity, one hundred and five were caused by this disease:

		Males.	Females.	Total.
I.	Zymotic diseases	38	42	80
II.	Diseases of variable seat, such as ill health, cancer, scrofula	54	79	133
III.	Diseases of brain and nerve system	77	39	116
IV.	" organs of circulation	1	5	6
V.	" digestive system	21	16	37
VI.	" respiratory system	10	6	16
VII.	" urinary system	1	2	3
VIII.	" generative system	1	283	284
IX.	Miscellaneous, as follows:			
	Masturbation	103	2	105
	Intemperance	112	6	118
	Opium eating	5	6	11
	Tobacco	2	1	3
	Dissipation	6	2	8
	Poverty and want	5	4	9
	Overwork and fatigue	11	3	14
	Loss of sleep	4	4	8
	Old age	3	2	5
	Suppression of cutaneous eruption	1	1	2
	Goitre	2	2	4
		457	505	952

"Adding masturbation to the diseases of the generative system; intemperance, opium eating, tobacco and dissipation to that of the digestive system, and the four next to that of the nervous, where they all severally belong, we shall have, as the prominent pathological causes of insanity, the following tabular results:

	Males.	Females.	Total.
Diseases of the brain and nervous system ...	100	52	152
" digestive system.....	146	31	177
" generative system	104	285	389
" of all other systems.....	107	137	244

Before generalizing upon the subject, the attention will be attracted to the disproportionate number of females suffering from diseases of the generative system, but abstracting from those figures 147 cases that were so from being in the puerperal condition, there remains 138 females against 104 males suffering insanity in consequence of diseases of the generative system, which, from their greater and more frequent liability to disease from exposure to cold at peculiar seasons, will show that their moral condition in this respect is greatly above that of the male sex, who are not liable to accidents from such exposures, and whose disease must be attributed almost exclusively to the degrading and licentious habits of ungoverned indulgence.

The disproportion of causes in the brain and nervous system relatively as to the sexes, is traceable to the social system, which relieves the female of the heavy cares, anxieties, and perplexities of business, while the results visible from the digestive system, show that more than four-fifths of the cases arising from depraved appetites are of the male sex.

Examining the subject generally, we find that of the 962 cases examined 389 or forty per cent are from the generative system, 177 or seventeen per cent from the digestive system, and 152 or sixteen per cent directly from the brain or nervous system, while from all other causes there are but 244 or about twenty-seven per cent of the whole number. These figures show not only the moral status of the sufferers, but also the relative influences of the several physical systems upon the mind, and pointing to the system of moral training required to avert the increasing tendency to this grave calamity affecting the race.

It may, and with great propriety, be argued that our statistics are too small to base fair calculations upon, or to risk conclusions, to which, while we accept the proposition, we can only say that as "falling straws show the way the wind blows," so small and imperfect data may give direction to investigation extremely valuable in its results. Were we to give expression to our own opinion as to these data, we should exclude every case classed as diseases of the brain and nervous system as cases of imperfect observation, or erroneous diagnosis, but as we can bring no facts to support the opinion, we are obliged to regard it as an opinion without sufficient evidence to sustain it. We, however, will plead in justification of our opinion, the rarity of evidence of cerebral disease in post-mortems after insanity, and the rarity of actual insanity in diseases of the brain or of the nervous system. That in the most violent forms of these latter affections, as tetanus and hysteria, the brain is uniformly clear and undisturbed. And these, it is thought, are sufficient reasons to induce us to look for other than brain affections as being

the primary causes of insanity, and we might carry the argument further against the pathological evidences furnished by post-mortems of the brain in this disease, that in all cases where such conditions were found, it was but the result of long continued disturbance of the mental functions that had induced the pathological changes found on dissection.

Dr. Storer, in his excellent little work, lately published, which is elaborate in research, employs an immense array of statistics to prove, and does so as conclusively as statistics can prove, that the insanity of women is functional. We are surprised that any one should doubt it; and we go furthor to express our surprise that any one should doubt that insanity is functional in all cases. The large proportion of cases of insanity arising immediately from the puerperal condition places the question beyond a doubt as to women. The large number, also, following masturbation, is equally conclusive as to men. The abundant, nay, innumerable cases of delirium with persons suffering from fever, are so many additional testimonies in favor of the functional character of insanity."

Dr. Paine stated that he had been informed that Dr. Hoyt, secretary of the board of commissioners of public charities, intended to issue circulars the last of September, returnable the last of December, to physicians of all schools residing in the several counties of this State, inquiring the number of insane sent out of the State, the number of deceased and the number of new cases during the year. This information is designed to form the basis of intelligent legislation.

Dr. Carroll stated that he had treated several cases successfully with ferrum met., also, that bromide of iron was recommended in the medical journals.

Dr. Hunting said that he had successfully treated such cases with nitric acid and bromide of potassium.

Dr. Cox stated that a patient to whom he had been giving nitric acid for a throat difficulty, reported emissions every night, a thing unusual for him.

Dr. P. L. F. Reynolds reported the remarkable developments of a *post-mortem*, where death had been caused by stricture of the intestines, formed by the organization of fibrin, which had exuded during some inflammatory condition. This fibrinous band bound down the intestine to the spine; when cut it broke with a snap, and the intestine flew back to its natural size. The family said that a year before the patient had suffered from a severe attack of inflammation of the bowels.

Dr. Springsteed reported a case of inflammation of the bowels, where the *post-mortem* revealed the rectum and colon as if tied.

Dr. Paine called the attention of the society to the intended departure of Dr. John S. Delavan for Europe; and Dr. J. W. Cox offered the following resolution, which was adopted:

Whereas, We learn with regret that Dr. John S. Delavan, a member of the Albany County Medical Society intends spending a number of months in England and on the continent of Europe,

thereby depriving the members of this society of the benefit of his counsels and the pleasure of social and professional intercourse, and the public of a skillful and thoroughly qualified physician; therefore,

Resolved, That we hereby tender to our brother practitioner this testimonial of sincere regard, and with it express the hope that his journeyings abroad may contribute greatly to his enjoyment, and that he may return, at some future time, again to resume the place in our society which he now holds with distinguished honor and success.

Dr. Paine moved that a committee be appointed to write, and cause to be published, a history of the introduction and progress of homœopathy in Albany county, together with sketches of the past and present homœopathic physicians.

Drs. Springsteed, Paine and Reynolds were appointed such committee.

Dr. Thomas made the following statement of the cases treated at the Albany City Dispensary during the month of August, 1871:

Number of visits	191
Number of office prescriptions	748
Total number of prescriptions	939
Number of new patients	294

Dr. Carroll presented a specimen of biliary calculus, together with a history of the case. The patient was thirty-five years of age, and had suffered for eight years, the attacks gradually increasing in severity and frequency. Under his care the attacks have decreased in frequency and severity. The patient was treated, during the attacks, with belladonna, and, as prophylactic, nux vomica and sulphur.

Dr. Cox said he had found cod liver oil a specific in these cases.

Dr. Paine stated thuja occid. to be a specific for biliary calculus.

Dr. Paine read an extract from the *Medical Investigator* regarding cases of hay-asthma, and presented a specimen of the *ambrosia artemisiæfolia*, or rag-weed.

Hay Asthma, popularly called hay fever, etc. A man aged sixty, has been attacked annually for twenty-seven years. His first attack he refers to suddenly cooling in a draft of air while overheated from excessive labor. Attacks sudden. Symptoms: hoarseness and violent cold in the head; excessive sneezing, which lasted for three days; the head felt swollen almost to bursting; the eyes very red and sore, with a sense of the tears scalding or burning; the conjunctiva turgescent, and with serous effusion to the same; fever of a burning nature; urine red, but copious; stoppage of the nose, raw and sore; throat very raw and sore; stinging sensation in the nose; daily discharge from the nose, constant and excessive, to the extent of a pint of very thin watery mucus; great sense of smothering or constricted breathing. This last symptom is aggravated by eating in

a warm room, or after supper on lying down; improved in the open air. During the attack has great impairment of the senses of hearing, sight, taste and smell (entire loss of the latter). He locates the seat of the disease in the frontal sinues and root of the nose. The hair is stiff, harsh and dry; stands erect, and alwaye drops out after the disease yields. At one time suffered much injury from being exposed to the influence of carbonic acid gas. These attacks appear every fall season, from the first to the middle of August, he states, earlier or later, varying with the blooming of a weed known, vulgarly, by the name of the hog or rag-weed. The theory has been advanced by some very respectable observers, that the rag-weed is the cause of this disease. I have been credibly informed of several cases who have been attacked with this disease by approaching or attempting to pass through old wheat fields, where it usually abounds, while the plant is in bloom. The atmosphere is often impregnated with the floating dust or pollen of its flowers. Be this mere hypothesis or not, may we not from this suggestion be led to make proving and experimental trials of this hitherto untried agent in this class of cases as well as in asthma? In the above related case, the disease naturally yields as the weather becomes cool, or frosts make their appearance, when he resumes his normal standard of health with an almost complete return of the lost and impaired faculties and senses. He has utterly failed to procure any relief, although, as yet, he has never made a trial of the homœopathic practice. I have the promise of the case to treat, if it puts in its usual appearance this fall, and I hope to be able to report a success for homœopathy.

Editor's remarks.—We hope our readers will give our inquiring friend the benefit of their experience. In the last case, the first remedy that suggests itself to us is cyclamen; but whether it is a complete similar of the symptoms and special pathology of this case, we have not studied and compared them carefully enough to decide. Some other remedy may be more homœopathic. Dr. H. should get that rag-weed proved. If he will send us a sample, we will aid him.

Dr. Paine called attention to a statement recently published by Dr. J. M. Toner, in the Boston *Medical and Surgical Journal*, and copied into many other allopathic medical journals, in which the number of physicians in the United States is classified as follows: Allopathic, thirty-nine thousand and seventy; homœopathic, two thousand nine hundred and sixty-one; hydropathic, one hundred and thirty-three; eclectic, two thousand eight hundred and sixty; miscellaneous, four thousand seven hundred and seventy-four. This gives a ratio of 16.8 physicians to one homœopathic in the whole number, and 13.1 allopathic to one homœopathic. This also gives one allopathic to every thousand of the population, and one homœopathic to thirteen thousand.

There is evidently an error in these figures with regard to several portions of this country. In this State, the ratio of homœopathic physicians to the population, as indicated by the recent census, is one to about five thousand five hundred; in Massachusetts, one to five thousand; in New Jersey, one to five thousand six hundred; in

the cities of New York and Brooklyn, the relative number of the practitioners of the two rival systems is essentially the same as the foregoing, there being one thousand five hundred and fifty-three allopathic, and two hundred and twenty-four homœopathic physicians. This gives one homœopathic to 6.3 allopathic physicians. The relative proportion of physicians to the inhabitants is one allopathic to nine hundred and sixty-five, and one homœopathic to five thousand seven hundred and thirty-seven. It is probable that this proportion is nearly the same, or showing even a larger per centage of homœopathists, in all the northern States.

The report furnished by Dr. Toner is based on information gathered last December by Dr. Van Aernam, late commissioner of pensions. The doctor desired to ascertain the relative proportion of homœopathic to allopathic physicians in this country. He issued an order to the officers of the internal revenue department, requiring them to report the number of physicians who were to pay a license tax the following April. Early in January he obtained the results stated in the report by Dr. Toner. As this report was instituted by allopathic physicians and in the interests of the allopathic school, it is evident that the result is made to appear very favorable to their school and damaging to the homœopathic, hence should be accepted with a great degree of allowance.

In the States already mentioned, viz., New York, Massachusetts and New Jersey, there are more than twice as many homœopathic physicians as are stated by Dr. Toner, being one to about five thousand of the population. It is quite probable that this proportion is the same in other States, and that the relative number of homœopathic physicians is one of the former to at most five or six of the latter.

With regard to the relative representative status of the two schools they are nearly equal. Regarding the two national organizations, the homœopathic is the oldest and has the largest list of members. There are nearly as many homœopathic State, county and local societies in full tide of successful experiment, as there are allopathic. There is in this State a lunatic asylum, for the erection of which an appropriation of $150,000 has been made. We have also seven hospitals, twelve dispensaries and one lying-in asylum. In other States, a large number of public institutions have been established, and it is fair to presume that our standing in this respect is rapidly approaching that heretofore claimed only for the allopathic school.

It is also well, in this connection, to observe the ratio of increase of homœopathic to allopathic physicians, and the relative increase of each to that of the population during the past few years. In the city of Philadelphia, during a period of twenty-seven years, the number of homœopathic physicians has increased over seven-fold, while that of allopathic physicians has actually decreased ten per cent. During the same period, the increase of population was three-fold.

In the city of Albany, the membership of the homœopathic medical society, has increased during the past seven years two and a half times, while that of the allopathic society has been ten per cent. The increase of population, during the same period, was eleven per cent.

In the city of Boston the increase of population during ten years past has been thirty-five per cent. The increase in the number of allopathic physicians during the same period is twenty per cent, and of homœopathic physicians one hundred per cent. The increase of all classes of physicians is thirty per cent.

The increase of population in the State of Massachusetts during the past ten years, has been sixteen per cent; the number of allopathic physicians during the same period twenty-seven per cent, and of homœopathic physicians about sixty per cent, not including a large numbers of allopathic physicians who retain their connection with allopathic medical societies while employing homœopathic remedies in practice to a greater or less extent.

There are constant accessions from the allopathic profession to the homœopathic in nearly all parts of the State. Among the most noteworthy instances of recent occurrence, is that of the Dryden Springs Sanitary Home. For several years, this institution has been under allopathic control, its patronage and pecuniary success meanwhile steadily increasing. In order to meet the popular demand, and make the institution still more useful and acceptable to the public, it has been placed, within the past month, wholly under the auspices of the homœopathic school. In view of these facts and figures, and of large numbers of others of similar import, the signs of the premature decay of the homœopathic system, are somewhat obscure.

After having passed a vote of thanks to Dr. Paine for his hospitality, the society adjourned to meet at the office of Dr. Preston, on the second Tuesday in October.

October Meeting.

A regular monthly meeting of the society was held at the residence of Dr. James F. McKown, Tuesday evening, October 10, 1871, the president, Dr. S. H. Carroll, in the chair.

Dr. Preston reported a case of cancer of the rectum. (See page 354.)

Dr. Paine read an interesting paper on cundurango and its use in the treatment of cancer. A discussion followed, and the general opinion of the society, was, that cundurango did greatly relieve the sufferings of cancer, but failed to cure it.

It was announced that the board of governors of the Albany City Hospital had passed a resolution allowing paying patients to employ physicians or surgeons other than those who are members of the hospital staffs.

Dr. Paine stated, that, although we are homœopathists by profession, we regard it a duty to employ all remedial agents, and to apply them on principles, when necessary, other than homœopathic. Ought we not, therefore, to change the by-law of our society, which requires an acknowledgment of a belief in the law of similars? This requirement renders us liable to the charge of *sectarianism* in medicine. We all believe that the homœopathic principle is applicable in a vast majority of cases; but as it is not universal, and of necessity

cannot be, ought we to erect a barrier to the admission of all qualified physicians to membership? Ought we not to admit all educated physicians, without regard to therapeutic differences of opinion?

Last winter, when in Washington, the delegates from this and other States, prepared a form of a law which was introduced into Congress, and which passed the House of Representatives. This law, if enacted, is designed to prevent government officers in the army and navy from excluding any applicant for a position on account of therapeutic differences of opinion regarding the administration of remedies. This requirement is supposed to be essential in order to prevent a repetition of the intolerant acts recently perpetrated by Dr. Van Aernam. If the general government ought not to discriminate for or against an applicant, why ought we to restrict membership to those who believe in the application of remedies in accordance with one principle only; thus constituting ourselves sectarians in medicine? We are not sectarians in practice, why are we sectarian by profession? In order to present the subject for discussion, I offer the following resolution for consideration:

Whereas, We view with unmingled satisfaction a disposition on the part of our medical brethren of the allopathic school to recognize educated homœopathic physicians as equals, and as co-laborers in promoting the advancement of medical science, and

Whereas, Adequate medical knowledge, and a compliance with legal requirements, should constitute the basis on which associations of medical men should be formed, rather than an opinion regarding the therapeutical action of medicines, therefore

Resolved, That the by-laws of this society be so changed as not to prohibit membership on account of preferred theories of medical treatment.

After extended discussion the meeting adjourned, without taking definite action regarding the resolution. A general expression was plainly evident, however, in favor of its adoption.

November Meeting.

A monthly meeting of the society was held at the office of Dr. Preston, Tuesday evening, November 14, 1871; the president, Dr. S. H. Carroll, in the chair.

Letters were read from Drs. Ludlam and Small of Chicago, acknowledging the receipt of money sent for the relief of the hŏmœopathic physicians, who suffered from the great conflagration.

Dr. Thomas presented the following statement of cases treated during the month of September, at the Albany City Dispensary:

Number of visits made	305
Number of office prescriptions	431
Total number of prescriptions	736
Number of new patients	211

Cases treated in October:

Number of visits made	447
Office prescriptions	584
Total number of prescriptions	1,031
Number of new patients	302

During these months diseases of the respiratory organs were the most prevalent.

Dr. Paine read the following extracts from a letter written by Dr. E. Guernsey, of New York:

"One word now for myself and those who are working with me. Three years ago I started a dispensary and we are now doing more hard work than any other dispensary of our school in the city. We shall treat this year, from present indications, sixteen thousand patients, and give out forty or fifty thousand prescriptions. We hope to make it the largest and best dispensary in the city. My friend, Dr. Sumner of Brooklyn, has developed the best dispensary in Brooklyn, and, I think, the most complete one in the world. The trustees have just organized a hospital, and purchased a building which will accommodate 150 beds. It will be in working order in a year's time. So you see, while our transcendental friends are talking, we are quietly working. We hope some of these days to show some fruits of our works."

Dr. Bellan reported a case of acute hydrocephalus cured by calcarea, phosphorus and argentum nit.

Drs. Paine and McKown related several cases which had occurred in connection with the gynæcological department of the dispensary.

Dr. McKown called attention to a new form of Conant's pessary, a specimen of which he presented for examination. He also related a history of a case of cancer, in the treatment of which cundurango had proved a decided benefit.

Dr. Preston exhibited a new form of a supporter, which proved of very great service in practice.

Dr. Cookingham stated that after an experience of six years in the allopathic system, he had decided to thoroughly investigate the homœopathic method of practice. He had recently endeavored to apply its principles in the treatment of several cases, and had been pleased and astonished at the results.

Dr. Paine, in announcing the recent death of Dr. Cole of Waterford, stated that his professional acquaintance with the deceased extended back over twenty years. All who have been associated with him during his residence in this vicinity, respect him for his uniformly kind, courteous and gentlemanly conduct and noble character. He was one of the pioneers of homœopathy in this section, having been located first at Easton, afterward at Mechanicsville, and later at Waterford. He possessed a fine physical constitution, a warm, generous disposition, and mental qualities which eminently

fitted him for the practice of the medical profession. He was gifted to a remarkable degree with the power of easily securing and retaining the confidence of his patients. His sudden removal, while yet in the prime of life, is an irreparable loss to his family, to the community in which he lived, and to the members of the medical profession in northern New York.

A committee appointed to draft suitable resolutions reported the following:

Whereas, We learn with unfeigned sorrow the sudden decease of an esteemed associate, the late Dr. E. B. Cole, of Waterford, therefore,

Resolved, That while we bow with submission to the will of Providence, we deeply regret the dispensation which has so unexpectedly removed our friend and brother practitioner.

Resolved, That we feel bound to testify that by his gentle and affable demeanor, his skill, faithfulness, untiring industry and thorough qualifications as a physician, he had endeared himself to a large circle of personal friends, and had secured the confidence of the community in which he lived.

Resolved, That by his death the medical profession in this vicinity has lost an able and eminent representative, the town a distinguished and upright citizen, and his family a genial and loved companion.

Resolved, That a copy of these resolutions be entered on the minutes of the society, published in the daily papers and presented to the family of the deceased.

Dr. Carroll related the history of several cases from practice.

Dr. Paine read letters and a circular, having reference to the recent acts of intolerance of the Massachusetts Allopathic Medical Society. The following extract from the *Boston Post* of the 11th instant, clearly sets forth the disgraceful position of the society as well as the estimation in which such bigotry is held by the public generally.

"In these days of progressive thought and scientific development, when old theories are daily being exploded by the revelations of modern research, and when the broadest liberality of thought and practice is allowed in every trade and profession, the simple hint at the ostracism of men for their opinions strikes a tender chord in the heart of the community, and at once arouses feelings as intense as those experienced by the Puritan Fathers at sight of any one who did not agree with their peculiar tenets. Hence it was with the greatest surprise that the people of Boston read a copy of a printed notice from the president of the Massachusetts Medical Society, Dr. Samuel A. Fisk of Northampton, to those members of that organization who, in the light of their own conscience, have departed from the code of practice prescribed by the old school and adopted that of the homœopathic system."

This action on the part of the society originated in a series of resolutions adopted at a meeting held June 7, 1871, of which the following contain the basis of their contemplated tyrannical proceedings:

Whereas, It is alleged that some of its fellows, in opposition to the

spirit and intent of its organization, consort, in other societies and elsewhere, with those whose acts tend "to disorganize or to destroy" the society, therefore,

Resolved, That if any fellow of the Massachusetts Medical Society shall be or shall become a member of any society which adopts as its principle in the treatment of disease of any exclusive theory or dogma (as, for example, those specified in article 1 of the by-laws of this society), or himself shall practice or profess to practice, or shall aid or abet any person or persons practicing or professing to practice according to any such theory or dogma, he shall be deemed to have violated the by-laws of the Massachusetts Medical Society by "conduct unbecoming and unworthy an honorable physician and member of this society." (By-laws, VII, sec. 5.)

The homœopathic members were allowed three months in which to resign their membership; and now, having neglected to do this, within the specified time, the president, in compliance with previous instructions, has summoned them to attend a meeting to be held November 21, 1871, at which they are expected to confess the heinous crime of "consorting with other societies," and of committing "acts" which "tend to disorganize or destroy the State Medical Society," and in the absence of a disposition to comply with this requirement, their expulsion is contemplated. This extraordinary and ridiculous proceeding is simply persecution for opinion's sake. The persecutors in this instance have entirely mistaken the object for which this society was established. It is not to secure uniformity of medical practice; that is impossible. There is and always will be a diversity of opinion regarding the nature and treatment of diseases among the allopathic school of physicians themselves. Medical science never was and never can be stationary. Nothing can be more preposterous than the attempt to force every practitioner to prescribe according to certain fixed and unchangeable rules, whether his judgment approves them or not.

Medical societies are intended to be safeguards for the community against professional ignorance; not the means of perpetuating one medical school, or preventing the development of another. By the charter of the Massachusetts Medical Society, every member is entitled to perfect freedom of opinion; it is therefore an usurpation of power never granted it, to discriminate against regular members of the medical profession. The majority has no moral or legal right thus to disregard the privileges and rights of individual members.

There is such a thing as medical freedom as well as religious and political freedom. If medical societies established by State governments interfere with this right, it is time they were deprived of their charters, to make room for other organizations of more liberal sentiments and principles.

In striking contrast with the intolerant action of the Massachusetts Medical Society, is the position taken on the same day, by the American Institute of Homœopathy, at its annual meeting in Philadelphia. At that meeting the following liberal sentiments were unanimously adopted:

Resolved, That the interests of the cause of truth and the interests of humanity rise higher than the distinctive lines of medical schools, and we hold it to be the duty of medical men to disregard such distinctive lines where these higher interests can be subserved thereby.

Resolved, That the exclusion of medical men from positions of honor and trust in the public institutions of the country or in the government service on account of medical opinions, is an abuse of power and ought to be no longer tolerated.

Resolved, That the censure and ostracism with which some medical organizations are pursuing the more liberal minded of their members, is an invasion of the rights of American citizens, and subversive of the freedom of thought and action which should characterize all scientific bodies.

Nothing could more strongly illustrate the different positions of the two schools of medicine than these two series of resolutions.

The American Institute of Homœopathy, although the oldest national association in this country, has yet hardly seen three decades. It represents advanced and progressive medicine throughout the whole country. It belongs to a school, which, while it has clear and positive ideas of it own, allows freedom of thought and of professional action to all its associates and contemporaries. It is truly "the modern school of liberal and rational physicians," as it has frequently been aptly styled.

The Boston *Congregationalist* comments on the intended action of the Massachusetts medical society in the following unequivocal terms:

"If we mistake not, the amputation proposed will prove one of the most formidable operations known to surgery, and the 'shock' of it is likely to be severe. Some will think that the nineteenth century is too far advanced to prescribe what professional or other opinions a thoroughly educated and respectable physician may hold. It is well for the public to take note of bigotry wherever it exists, and, disinterested as we are, we propose to continue pointing it out. By so much as the allopathic physicians continue this warfare against the homœopathic physicians, do they demean themselves and exalt those whom they would spurn."

The New York *Evening Post*, in a recent article, states:

"We commend these (resolutions adopted by the American Institute) to the medical gentlemen of Massachusetts engaged in the attempt to bring their brethren by coercion within the pale of medical orthodoxy. They will perhaps learn from reading them that the exclusiveness which they lay to the charge of their homœopathic brethren is a fault which lies at their own door."

The *Utica Observer* has the following:

"But neither the charter nor the by-laws provide for the ejection of moral members, whose sole offense in an independent opinion as to the efficacy of different remedies. * * * The allopathic doctors do not believe that like cures like. But they will certainly find the converse of the proposition true. Prejudice existing in the public mind against homœopathy will be swiftly swept away if its prac-

titioners are made the victims of persecution. In other words, dislike cures dislike."

A correspondent of the *Tribune* writes:

"But if a majority of the members of a society pervert the powers granted them to the persecution of a minority, in the suppression of free thought and action among qualified members, the public interests are damaged. This is no mere doctors' quarrel. It is a public concern, and the public press may well take hold of it. * * * Now they undertake to proscribe members who are properly educated, being graduates of Harvard Medical College, for no other reason than that they accept the homœopathic law. * * * This is a perversion of the powers granted by the people to the society, and the people should look to it."

The *Providence Press* contains the following:

"The following questions will be propounded: Do you believe in drastic purges? Have you faith in blue pills? Have each of you a lancet about your person? Will you purge, vomit, blister, bleed and storm disease until it yields or the patient dies? You answer, no! Then we excommunicate you. Ring the curtain down. The farce of Canute and the tide has been played, and Massachusetts has nothing more laughable or absurd to offer. Boston may take the crown."

From the *Buffalo Advertiser:*

"It hardly seems possible that such an exhibition of illiberality and narrow-mindedness could be witnessed at this day of general intelligence and freedom of opinion and action. * * * Whenever such professional intolerence has been manifested, it has defeated its object. * * * It surely is something new to hear of any profession, that it has reached perfection, and will not tolerate those who dare to suggest to the contrary. The Massachusetts medical society is a long way behind the age. The postponement of its day of wrath upon the refractory members may bring the majority of their society to their senses, and convince them that nothing is gained by intolerance."

From the *Commonwealth* (Boston):

"The attention of the community was directed to the matter by the publication of the letter which one of the homœopthic members received from the president of the dictating society, and the light being thus let in upon the proposed secret transaction, the surprise and reprehension of the community at the audacity of the attempt quickly followed."

From the *Albany Evening Times:*

"The affectation of the allopathic physicians in holding the homœopathists as equal to quacks is in this day ridiculous. Even prejudiced as the regular school is, it has been compelled, involuntarily, to adopt many of the medicines and modes of its opponents, which for a long time it laughed at, and has sensibly modified its practice in conformity with that of the homœopathic school. With this practical acknowledgment of the skill and intelligence of the new school disciples, and the fact that many of the homœopathic doctors

are graduates of allopathic colleges, the majority of the Massachusetts society give themselves the lie, when they seek to expel those members who practice homœopathy, on the ground that they are not properly educated or duly qualified for the duties of their profession, or that their conduct is unworthy and unbecoming an honorable physician. It is another example of the *odium medicum*.

While an attempt is now being made in Massachusetts to ostracise and disfranchise homœopathists, there is a growing tendency in this State to bring about a coalition of the two schools. This disposition has taken definite form on several occasions during the past few months. Efforts are now being made by the Medico-Legal Society of New York to elevate the standard of medical education by procuring the establishment of a State board of medical examiners, composed of representatives of the three recognized schools. This plan is essentially the same as the admirable one now having legal effect in Canada, and as the one proposed by the State Homœopathic Medical Society at its last annual meeting, and which passed both branches of the Legislature, but which was vetoed by Governor Hoffman.

Entire impartiality is manifested, and the status of the three schools of medicine in this State is recognized in the manner in which a canvass is now being conducted for the purpose of collecting statistical information regarding the number of cases of insanity which have occurred in this State during the present year.

The most noble and noteworthy exhibition of liberal sentiments occurs in a paper by Dr. Hopkins, of Buffalo, published in the *Buffalo Medical and Surgical Journal*. The following quotation presents the concluding paragraphs of this remarkable paper:

"As before stated, the act admitted the homœopathic profession to all the rights and privileges as physicians and surgeons under the acts of 1813 and 1827, and all acts amendatory thereof; thus they became 'legally authorized practicing physicians and surgeons,' and as such, are entitled to membership in our county medical societies. This right is positive, and no county society has the power to adopt by-laws which will keep them out if they should make application for admission. The right of legally authorized physicians to membership in county medical societies has been most definitely settled by our courts, and the proceedings to obtain such rights are well understood by many of our members.

"In view of these fact, what should the regular profession do in the matter? Shall we continue to call ourselves 'the profession,' and neither by public act or private word allow that there is any other? Shall we continue a line of treatment condemned by law and experience, treatment which only makes homœopathy notorious and ourselves disgraceful? or shall we submit gracefully to the laws of the State and public opinion, and proffer the homœopathic profession those amenities which should exist between professional equals? Invite them to their rights in our county medical societies; when called by their patrons, attend with them in consultation; when wished by our patients, ask them to attend in consultation with us. If they have any superior knowledge in the management of disease or the

protection of health, our duty to our patrons requires us to avail ourselves of that knowledge. If we possess the greater professional ability, they and their patrons will find it out. If we hold back from this, we may reasonably be charged with having little confidence in our doctrines. If we go into it, I rest my faith upon the 'survival of the fittest.'"

The two rival schools of medicine in this State are the recipients of the same legal advantages. The privileges and powers of each have been recently defined by a decision of the Court of Appeals to be precisely alike. Essentially the same code of medical ethics for the government of each has been adopted. It follows, therefore, that the relative status of the regular practitioners of both systems of medical practice is similar in every respect, and also, that a refusal of the members of either school to recognize the other as coequal, the exclusion of either class from membership in county medical societies, or the refusal to meet in consultation on account of alleged legal superiority, may be deemed an act of discourtesy and a direct violation of the common code of medical ethics.

At the conclusion of the foregoing remarks, a committee was appointed to prepare a series of resolutions. The committee offered the following which were unanimously adopted:

Whereas, The Massachusetts Medical Society having instituted a trial of those of its members who are homœopathic practitioners with a view of their expulsion; therefore

Resolved, That this attempt on the part of the allopathic school to bring reproach without cause upon members of the profession in good and regular standing is disgraceful to all who are engaged in the movement.

Resolved, That the threatened intolerant exclusion of said members for the reasons given, is an invasion of the right of private opinion and liberty of action, and is unworthy of a dignified and liberal profession.

Resolved, That it is the duty of the government to interfere in behalf of those who are subjected to this invidious and unjust discrimination, or, in case of persistent attacks, to deprive the aggressors of a legal status.

After adopting a resolution of thanks to Dr. Preston for his hospitality, and the acceptance of an invitation from Dr. Hunting to hold the next meeting at his office, 84 Grand street, the society adjourned.

December Meeting.

A regular monthly meeting of the society was held at the office of Dr. Hunting, December 19, 1871, Dr. Carroll, president, in the chair.

The hospital committee presented a report which was accepted. On motion of Dr. McKown the committee was authorized to take such action as might be required regarding the petition for the establishment of a homœopathic department in the City Hospital, and Drs. Hunting and Pratt were added to the committee.

Dr. Thomas, resident physician to the dispensary, presented a tabulated report of the diseases treated during the months of October

and November. The classification is essentially the same as that proposed by Dr. Farr, Registrar-General of England.

Of *zymotic* diseases, the principal were: thirteen of intermittent fever, thirteen of tonsilitis, thirteen of diarrhœa, six of whooping-cough, and two of measles. Total, one hundred and fifteen cases and four hundred and eighteen prescriptions. Of *constitutional* diseases, the principal were twenty-six of rheumatism, and eight of phthisis. Total, forty-two cases and two hundred and thirty-three prescriptions. Of *local* diseases, the principal were: fifteen of cephalalgia, ten of conjunctivitis, sixteen of coryza, thirty-nine of bronchitis, twenty of pleurisy, twenty-six of dyspepsia, and thirteen of eczema. Total number of cases, three hundred and seventy, and one thousand and eighty-six prescriptions. Of *developmental* diseases, there were nine cases and fifteen prescriptions. Of *unclassified* cases, chiefly surgical, including wounds, extractions of teeth and vaccinations, there were one hundred and seventeen, and two hundred and twenty-six prescriptions.

Total number of different diseases treated was one hundred and twenty-two; total number of cases, six hundred and forty-four; total number of visits to patients at their residences, eight hundred and two; total number of prescriptions at the dispensary, one thousand one hundred and seventy-six; total number of visits and prescriptions, one thousand nine hundred and seventy eight. Not a single case of small-pox has occurred in connection with dispensary practice. The foregoing report includes forty-four cases treated in connection with the gynæcological department.

Dr. Pratt reported, verbally, the history of an interesting case from practice.

Dr. McKown reported the history and treatment adopted in a case of cancer.

Dr. Hunting related the history of an unusual case of typhoid fever, and requested an expression of the views of the members regarding appropriate treatment.

Dr. White, of Amsterdam, reported the history of an unusual form of abscess. He also exhibited photographs of a fatal case of encephaloid tumor situated on the face of a child six years of age.

Dr. Preston exhibited a lipomatous tumor removed from the neck.

Dr. Paine informed the members of the society that pure cow-pox virus could be obtained of Dr. Henry A. Martin, 27 Dudley street, Boston. Ten points are furnished for two dollars. Dr. Martin has facilities for furnishing a constant supply of pure Jennerian cow-pox virus. It is probable that he is better informed regarding this subject than any other person in this country. He was removed, at the last meeting of the American Medical Association, from the chairmanship of the committee on vaccination, for having published in a homœopathic medical journal an account of his method of, and facilities for, furnishing a constant supply of pure virus.

Dr. Paine called attention to the trial now being made by the homœopathic life insurance companies, and stated that the results of experience thus far were decidedly in favor of the homœopathic system of medical treatment.

He further stated that the Atlantic Mutual Life Insurance Company was organized in this city in 1866. This company was the first in this State to take cognizance of the superiority of homœopathic treatment and give it practical recognition in its application to business purposes. During the first three years a deduction of ten per cent from usual rates were made to all homœopathists on all premiums. An experience of three years convinced the trustees that the discount proved too strong a temptation to many who were not practical homœopathists. They found that thirty per cent of their losses were those of allopathists who had effected insurances in order to avail themselves of the reduction of premium. Two and a half years ago the company discontinued the reduction of ten per cent, and instead insure all at the usual and uniform rates, classifying insurants as either allopathic or homœopathic, and opening a separate set of accounts with each class. By this arrangement each class receives its proportionate share of the earnings of the company. The relative mortality of each class is thereby subjected to a very delicate and accurate test. The result, as indicated at the present time, is very satisfactory. It shows that the company was not only justified in making a deduction of ten per cent, but that a reduction of nearly *nineteen* per cent might have been made with safety. The following statement comprises the results of the experience of the company for five years and seven months:

Number of policies issued prior to December 12, 1871—homœopathic, 5,105; allopathic, 4,718; total, 9,823. Homœopathic losses, 51; allopathic, 58. Ratio of homœopathic mortality, 1.00; allopathic, 1.23. Per centage saved by homœopathic treatment, 18.70. Total number of losses on all policies issued, 109. If all had been homœopathic the number would have been reduced to 98: if all had been allopathic it would have been increased to 121.

This experience demonstrates with almost mathematical accuracy the fact that, during the past five and a half years, in the five thousand homœopathic insurants *eleven* lives have been saved by adhering to the conservative influence of the homœopathic method of medical treatment.

After having tendered a vote of thanks to Dr. Hunting for his bountiful entertainment, and the adoption of a resolution appointing the next meeting to be held at the dispensary, the society adjourned.

LXXVII.

Report of the Broome County Medical Society.

Organized, 1863. Annual meeting is held the third Tuesday in October.

Officers and Members, 1871.

Officers.

President.—Dr. Stephen D. Hand.
Vice-President.—Dr. H. S. Sloan.
Secretary and Treasurer.—Dr. T. L. Brown.
Censors.—Drs. Ira W. Peabody, T. L. Brown, and J. D. Vail.
Delegate to the State Medical Society.—Dr. T. L. Brown.

Honorary Members.

W. C. Doane, M. D., H. C. Champlin, M. D., Washington, D. C.

Members.

Dr. Titus L. Brown, 45 Collier street, Binghamton, Broome county.
Stephen D. Hand, 20 Collier street, " "
George F. Hand, " " " "
Ira W. Peabody, 10 Walnut street, " "
Henry S. Sloan, 72 Court street, " "
Theodore P. Knapp, Union, Broome county.
E. B. Nash, Cortland, Broome county.
Stoddard Pratt, Center Lisle, Broome county.
J. D. Vail, Montrose, Pennsylvania.

LXXVIII.

Report of the Cayuga County Medical Society.

Organized 1859. Annual meeting second Tuesday in June. Quarterly meetings second Tuesday in September, December and March.

Officers and Members, 1871.

Officers.

President.—Dr. W. M. Gwynn.
Vice-President.—Dr. P. O. C. Benson.
Secretary and Treasurer.—Dr. William M. Sprague.
Censors.—Drs. H. Robinson, Jr., A. J. Brewster, E. P. K. Smith and William H. Sprague.

Delegates to State Medical Society.—Drs. G. H. Parsell, Wm. N. Sprague.

Delegates to American Institute of Homœopathy.—Drs. C. E. Swift and W. M. Gwynn.

Members.

Dr. Horatio Robinson, 132 Genesee street, Auburn.
Horatio Robinson, Jr., 132 Genesee street, Auburn.
C. W. Boyce, 18 South street, Auburn.
Chas. E. Swift, corner Genesee and William streets, Auburn.
E. P. K. Smith, 173 Genesee street, Auburn.
William M. Sprague, 33 Fulton street, Auburn.
A. J. Brewster, Cato.
P. H. Peterson, Union Springs.
Geo. H. Parsell, Weedsport.
William M. Gwynn, Throopsville.
E. A. Mead, Moravia.
George Hewitt, Genoa.
P. O. C. Benson, Skaneateles.

LXXIX.

Report of the Chautauqua County Medical Society.

Organized 1863. Annual meeting third Thursday in June. Other meetings at the call of the president, on the written request of three members.

OFFICERS AND MEMBERS, 1871.

Officers.

President.—Dr. Cornelius Ormes.
Vice-President.—Dr. John T. Blakeney.
Secretary and Treasurer.—Dr. F. D. Ormes.
Censors.—Drs. E. L. Lakin, George A. Hall, A. F. Ward, R. J. Curtis, and F. D. Ormes.
Delegates to State Society.—Drs. A. F. Ward and J. T. Blakeney.

Medical Committees.

Bureau for the Improvement of the Materia Medica.—Drs. A. F. Ward, George A. Hall and R. J. Curtis.
Clinical Medicine.—Drs. J. T. Blakeney, George A. Hall and A. S. Couch.
Diphtheria.—Dr. C. P. Graves.
Surgery.—Dr. A. S. Couch.
Diseases of the Throat.—Dr. E. L. Lakin.
Ulcers.—Dr. J. T. Blakeney.
New Remedies.—Dr. F. D. Ormes.

Members.

Dr. Cornelius Ormes, Jamestown, Chautauqua county.
W. S. Hedges, " "
Alva F. Ward, " "
F. D. Ormes, " "
E. L. Lakin, " "
John T. Blakeney, Dunkirk, "
George A. Hall, Westfield, "
C. P. Graves, " "
E. S. Brown, Fredonia, "
Reuben D. Landon, Fredonia, "
Rinaldo J. Curtis, Mayville, "
Charles Parker, Panama, "
John H. Scott, Jamestown, "
Charles P. Alling, Dunkirk, "

LXXX.

Report of the Chemung County Medical Society.

Organized 1866. Embraces Chemung and Schuyler counties. Annual meeting, second Tuesday in December. Semi-annual meeting in June.

OFFICERS AND MEMBERS, 1871

Officers.

President.—Dr. N. R. Seeley.
Vice-President.—Dr. Wm. Gulick.
Secretary and Treasurer.—Dr. O. Groom.
Censors.—Drs. William Gulick, H. Sayles, T. W. Read, O. Groom, N. R. Seeley.
Delegate to the State Society.—Dr. Henry Sayles.

Members.

Dr. Henry Sayles, Elmira, Chemung county.
N. R. Seeley, Elmira, Chemung county.
Edward D. Leonard, Elmira, Chemung county.
T. W. Read, Big Flats, Chemung county.
Orlando Groom, Horseheads, Chemung county.
Edwin W. Lewis, Watkins, Schuyler county.
Wm. Gulick, Watkins, Schuyler county.
G. Adolphus Tracy, Logan, Schuyler county.
Arthur P. Hollett, Havana, Schuyler county.
E. B. Knight, Tyrone, Schuyler county.
Emerson W. Rogers, Tyrone, Schuyler county.
J. L. Corbin, Athens, Pennsylvania.

LXXXI.

Report of the Chenango County Medical Society.

Organized September 20, 1871. Annual meeting second Tuesday in January.

OFFICERS AND MEMBERS, 1871.

Officers.

President.—Dr. J. T. Wallace.
Vice-President.—Dr. R. E. Miller.
Secretary and Treasurer.—Dr. Charles A. Church.
Censors.—Drs. J. C. Owen, R. E. Miller and C. A. Church.
Delegate to State Medical Society.—Dr. Charles A. Church.

Medical Committees.

Surgery and Surgical Diseases.—Dr. Chas. A. Church.
Materia Medica.—Dr. C. Bruchhausen.
Diseases Peculiar to Women and Children.—Dr. R. E. Miller.
Clinical Medicine.—Dr. I. C. Owen.
Prevailing Epidemics.—Dr. C. C. Miller.

Members.

Dr. J. T. Wallace, New Berlin.
Ira C. Owen, Sherburn.
R. C. Miller, Oxford.
G. W. Roberts, Greene.
C. C. Miller, Greene.
C. G. Roberts, Greene.
Charles A. Church, Norwich.
C. Bruchhausen, Norwich.

ORGANIZATION OF THE SOCIETY.

Pursuant to a call, a meeting of the homœopathic physicians of Chenango county was held at the residence of Dr. Chas. A. Church, of Norwich, September 20, 1871, and in pursuance of an act entitled "An act to incorporate homœopathic medical societies," a society was formed to be known as the Chenango County Homœopathic Medical Society.

Present—Drs. J. T. Wallace, I. C. Owen, R. E. Miller, C. C. Miller, C. Bruchhausen, Chas. A. Church, and Geo. B. Palmer.

The above list of officers were elected for the year.

Drs. Church, Owen and C. C. Miller were appointed a committee to report a form of a constitution and by-laws at the next meeting of the society.

The society adjourned to meet the second Tuesday in January, 1872.

First Annual Meeting.

The Homœopathic Medical Society of Chenango county convened, pursuant to adjournment, at the office of Dr. C. A. Church, in the village of Norwich, Tuesday, January 9, 1872, at one o'clock P. M.; Dr. J. T. Wallace, president, in the chair.

The committee appointed to prepare a form of a constitution and by-laws presented a report, which was read, amended and adopted.

Dr. Charles A. Church was elected a delegate to the State Medical Society.

A majority of the censors presented a report, in writing, recommending that the society grant a diploma to Dr. C. Bruchhausen.

On motion, the delegate to the State Society was instructed to request the State Society to present the name of Dr. Caspar Bruchhausen, for the honorary degree of doctor of medicine.

On motion, the secretary was constituted a committee to procure a seal, and also blanks for diploma.

Dr. Bruchhausen offered to pay six dollars toward the insertion of a medallion head of Hahnemann in said seal. (Accepted.)

The president appointed the medical committees for the year, after which the society adjourned, to meet at New Berlin.

Constitution.

Article I.

This association shall be known as the Homœopathic Medical Society of the county of Chenango, and its object shall be the advancement of the science of medicine and surgery.

Article II.

The laws of the State of New York regulating the practice of medicine and surgery, and providing for the organization of medical societies, shall be deemed a part of this constitution.

Article III.

The officers of this society shall be a president, vice-president, secretary and treasurer, three censors and a librarian; all of whom shall be elected at an annual meeting, the votes of a majority of the members present being necessary to a choice.

Article IV.

The duties of the officers of this society shall be such as are prescribed by the laws of the State of New York; and, in addition thereto, such as may be from time to time designated in the by-laws.

Article V.

Any regularly licensed physician who has complied with the requisitions of the laws of the State, and who shall avow his belief in the homœopathic maxim—*similia similibus curantur*—may be elected a member of the society, by the votes of a majority of the members present at any regular meeting; but no person shall be entitled to

the privileges of membership until he shall have signed the constitution and by-laws and paid the initiation fee.

Article VI.

A regular annual meeting shall be held on the third Tuesday of January, in each year, in the village of Norwich, and a semi-annual meeting on the third Tuesday of June, in each year following, at such place as may be determined upon at the annual meeting.

Article VII.

Upon the written request of any three members, explaining the reason for such action, the president shall direct the secretary to call an extra meeting of the society at any time; in which case it shall be the duty of the secretary to state, in his notice to the members, the object of the meeting. At such extra meeting no business shall be transacted except that named in the aforesaid notice.

Article VIII.

At any regular or extra meeting of the society three members shall constitute a quorum.

Article IX.

The society may have a common seal, with a suitable device and inscription.

Article X.

The constitution and by-laws of the society may be altered or amended at any annual meeting, by a vote of two-thirds of the members present; provided, that notice of such alteration or amendment shall have been given in writing at any previous regular meeting.

By-Laws.

Section I.

Duties of the President.—It shall be the duty of the president to preside at all meetings of the society, and call them to order at the appointed time; announce the order of business; put to vote all questions which occur in the regular order of business, and declare the result; decide all questions of order, subject, however, to the usual appeal, which appeal shall not be debatable; appoint all committees not otherwise ordered; sign warrants or drafts upon the treasurer for such sums as shall be ordered at any regular meeting; receive the written opinion of the censor in respect to the qualifications of the students or applicants for diplomas or membership in the society which have been examined by them, and report the same to the society; receive the sum of five dollars for each diploma granted by the society, and pay the same to the treasurer; direct the secretary to call extra meetings in accordance with article VII of the constitution; deliver an address at the annual meeting or procure a substitute, and perform all other duties required by the laws of the State relating to medical science.

Section II.

Duties of the Vice-President.—It shall be the duty of the vice-president to perform in the absence of the president the duties devolving upon that officer, and such other duties as may be required by the society.

Section III.

Duties of the Secretary.—It shall be the duty of the secretary to provide a book for records; record therein the resolutions and proceedings of the society; the names of members and the date of admission of each; the annual report made by officers and committees, and such other things as a majority of the members shall think proper; preserve the documents, papers, and other property belonging to the society, and allow none to pass out of his hands or be copied without the consent of the society expressed by resolution; lodge in the office of the county clerk a copy of all the proceedings had in the first meeting of the society; and deliver to his successor in office all books, papers and other property in his hand, belonging to the society. He shall also give notice to each member, by letter or otherwise, of all meetings of the society, at least one week before each regular meeting; receive and lay before the society all communications addressed to it by persons other than members, and generally to conduct the correspondence of the society; at each meeting record the names of all the members present; read the minutes of the one preceding it, and all papers ordered by the president or by the society; notify candidates of their election; sign, with the president, diplomas and certificates of membership; authenticate, by his signature, all the acts and proceedings of the society, and report all his transactions at the regular meetings of the society. In his absence a secretary shall be appointed pro tempore. The secretary shall also perform the duties of treasurer.

Section IV.

Duties of the Treasurer.—It shall be the duty of the treasurer to receive and be accountable for all moneys belonging to the society; pay out, on the warrant of the president, such sums, subject to draft, as may be agreed upon at any annual meeting, and report in writing at each annual meeting.

Section V.

Duties of the Censors.—It shall be the duty of the censors to examine carefully and impartially each student presenting himself as a candidate for license to practice medicine and surgery, and report their opinion in regard to his qualifications in writing to the society.

Also to examine carefully the legal qualifications of all candidates for membership and to report to the society the result of their inquiries.

In the absence of the president and vice-president the senior censor present shall preside.

Section VI.

Duties of the Librarian.—It shall be the duty of the librarian to receive in charge, and be responsible to the society for, all books, apparatus and instruments which shall be placed in the library or cabinet, except when drawn out by a member of the society; he shall also keep a book in which he shall record the name of any member who shall receive from the library the article drawn, the time when, the condition it was in and its value when drawn; the time when and the condition which it was in when returned, and if in any way depreciated in value, to what extent. If not returned within a reasonable time he shall report the fact to the society at a regular meeting. This library and cabinet shall be kept in the village of Norwich, Chenango county, New York.

Section VII.

Members.—It shall be the duty of every member to present a written communication, at every regular meeting, upon some matter pertaining to the general interests of homœopathy.

The society may elect corresponding and honorary members. Persons so elected shall have no vote, nor shall they pay the initiation fee, or be subject to taxation. Physicians attending any meeting of this society, as delegates from other societies, shall be admitted as honorary members. Resident members, on removing from the county, may be elected corresponding members.

Section VIII.

Delegates.—The society shall, at an annual meeting, elect as many delegates to the State Homœopathic Medical Society as there are members of the Assembly from Chenango county. The society may elect delegates to other homœopathic medical societies. It shall be the duty of such delegates to attend the meetings of the societies to which they are elected; transmit such reports as the society shall furnish, and report at the next meeting the transactions of the societies to which they were respectively appointed.

Section IX.

Communications.—Communications read before the society become its property, to be deposited in its archives, and may be published as a part of the transactions, by a two-thirds vote of the society to that effect.

Section X.

Library.—Any surplus funds which the society may have above its necessary expenses may be used at the discretion of the members in the purchase of rare and valuable books, apparatus, and instruments for the use of members of the society. Donations may also be received of books, apparatus, instruments, or money for this purpose. Any member of the society may draw from the library any book or instrument therein which he may need in his practice, but shall be responsible to the society for them until it be returned to the libra-

rian, that it be not injured, soiled, or in any way depreciated in value, and he shall return them to the librarian as soon as practicable, and shall not, under any circumstances, keep them out of the library more than two weeks at any one time unless by special consent of the librarian, which consent the society may revoke at any time.

Section XI.

Fees.—The initiation fee shall be two dollars. The yearly dues shall be one dollar for each member of the society, payable at the annual meeting, and in addition thereto a tax not exceeding in amount three dollars, may be assessed upon each member at any annual meeting by a vote of two-thirds of the members present.

Section XII.

Order of Business.—The following shall be the regular order of business at the meetings of the society, but may be varied for the time being, by a vote of two-thirds of the members present:

1. Calling the roll.
2. Reading minutes of previous meeting.
3. If a special meeting—the business for which it may have been called.
4. Election of members.
5. Unfinished business.
6. Reports of special committees.
7. Reports of standing committees.
8. Reading of communications, essays, papers and discussions.
9. Address.
10. Report of the secretary.
11. Report of the treasurer.
12. Miscellaneous business.
13. Place of next meeting.
14. Election of officers.
15. Election of delegates.
16. Reading minutes.
17. Adjournment.

The general rules of the Senate of the United States shall be observed in debate and manner of transacting business where there are no rules of the society applicable to the subject.

LXXXII.

Report of Columbia County Medical Society.

Organized 1864. Embraces the counties of Columbia and Greene. Annual meeting, first Tuesday in October. Semi-annual meeting, second Tuesday in May.

Officers and Members, 1871.

Officers.

President.—Dr. T. T. Calkins.
Vice-President.—Dr. D. Warren.
Secretary.—Dr. P. W. Mull.
Treasurer.—Dr. A. P. Cook.
Censors.—Drs. Peck, Barnes and C. P. Cook.
Delegates to the State Medical Society.—Drs. Wright H. Barnes and Philip W. Mull.
Delegate to American Institute of Homœopathy.—Dr. W. H. Barnes.

Members.

Dr. Abijah P. Cook, 111 Warren street, Hudson, Columbia county.
Chas. P. Cook, " " " "
Thomas T. Calkins, 272 " " "
E. Holly, " " "
Philip W. Mull, Ghent, Columbia county.
J. H. Green, " "
James Greene, Kinderhook, "
James F. Philips, Claverack, "
Wright H. Barnes, Chatham, "
Dwight Warren, Spencertown, "
S. E. Calkins, Athens, Greene county.
J. S. Phillips, Catskill, "
O. J. Peck, North Chatham, Columbia county.

Proceedings of Semi-annual and Annual Meetings.

Semi-annual Meeting.

The semi-annual meeting of the Columbia County Homœopathic Medical Society was held at the village of Chatham, Tuesday, May 10, 1870, at ten o'clock A. M.

The meeting was called to order by the president, Dr. W. H. Barnes.

After the reading and approval of the minutes of the annual meeting, the names of Dr. Oliver J. Peck, of North Chatham, and Dr. Dwight Warren, of Spencertown, were presented to the society for membership, and were unanimously elected.

Dr. Barnes presented to the members of the society a patient that had long suffered from periostitis, resulting in caries of the femor and tibia, which he had successfully treated by calcii chloridum, prepared by dropping bits of marble into hydrochloric acid until effervescence ceased; dose, two drops twice per day.

Dr. Barnes also gave an interesting account of death resulting from chloroform, administered preliminary to amputation of a leg. This led to a general discussion on the subject of anæsthetics.

Dr. Horton stated that he had used chloroform successfully for many years, to mitigate the pains of childbirth.

Dr. A. P. Cook said he had never found it necessary for that purpose, and thought it should be used with great caution. Others expressed the same opinion.

Dr. Warren said he had used it in labor without any unpleasant results.

Dr. Green gave a very favorable account of his experience in the use of svapnia, in all cases where an anodyne was indicated, finding it far preferable to other preparations of opium.

Dr. A. P. Cook then gave a very interesting account of the circumstances which led him to embrace homœopathy.

Drs. A. P. Cook, T. T. Calkins and W. H. Barnes, were appointed a committee to collect statistics for the purpose of reporting a history of the introduction and progress of homœopathy in Columbia county.

The meeting was well attended, nearly all of the members being present, and all taking part in the discussions.

The society was organized in 1861, with seven members, and owing to their being widely scattered over the county, for several years after its organization so few attended, that but little interest was maintained; but recently the society has doubled its original membership; a spirit of interest and energy seems to prevail, which augurs well for its future usefulness and prosperity.

At two o'clock the president invited the members to a bountiful dinner which he had provided for the occasion, and which was partaken of, by no means, in homœopathic doses.

After dinner the society again assembled and spent an hour in the discussion of various medical topics, participated in by all, being exceedingly interesting and profitable; and after an expression of thanks to Dr. and Mrs. Barnes, for their hospitality, the society adjourned to meet in October.

Annual Meeting.

The tenth annual meeting of the Homœopathic Medical Society of Columbia county, was held at the office of Dr. Calkins in the city of Hudson, October 31, 1871.

Dr. W. H. Barnes, of Chatham, was appointed chairman, in the absence of the presiding officer.

After the reading and approval of minutes of the semi-annual meeting, Dr. Barnes called the attention of the society to the unusual prevalence of intermittent fever, which led to a general and interesting discussion on its causes and treatment.

Dr. T. T. Calkins presented before the society, two patients, soliciting the opinion and suggestions of the medical gentlemen present; one a case of congenital tumor upon the spine of a little boy, the other an extensively ulcerated leg.

The society then proceeded to the election of officers for the ensuing year.

Drs. A. P. Cook, P. W. Mull, and D. Warren were elected delegates to the laying of the corner stone of the Hahnemann Hospital of New York city.

The society then adjourned to meet at the office of Dr. P. W. Mull, at Ghent, the second Tuesday in May, 1872.

LXXXIII.

Report of the Dutchess County Medical Society.

Organized 1861. Annual meeting first Tuesday in October. Semi-annual meeting first Tuesday in April.

Officers and Members, 1871.

Officers.

President.—Dr. I. S. P. Lord.
Secretary and Treasurer.—Dr. Henry N. Avery.
Censors.—Drs. William Baxter, Henry N. Avery, W. R. Case.
Delegate to the State Medical Society.—Dr. B. Lansing.
Nominee for Permanent Membership.—Dr. B. Lansing.
Delegate to the American Institute.—Dr. I. S. P. Lord.

Medical Committees.

Surgery.—Dr. H. N. Avery.
Pathology.—Dr. I. S. P. Lord.
Materia Medica.—Dr. Wm. Baxter.
Obstetrics.—Dr. Edward W. Avery.
Diseases of Women.—Dr. John Hornby.
Diseases of Children.—Dr. Benjamin Lansing.
Theory and Practice of Medicine.—Dr. E. Case.

Honorary Member.

Dr. H. M. Paine, of Albany.

Members.

Dr. Asa P. Hall, corner Noxon and Academy sts., Poughkeepsie.
John Hornby, 13 Cannon street, Poughkeepsie.
I. S. P. Lord, 250 Church street, Poughkeepsie.
Henry N. Avery, 92 Cannon street, Poughkeepsie.
J. C. Otis, Poughkeepsie.

Dr. Benjamin Lansing, Rhinebeck.
George Lorillard, Rhinebeck.
Ephraim Case, Clinton Corners.
Walter R. Case, Salt Point.
William Baxter, Wappinger's Falls.
Alonzo Haight, Washington.
Palmer R. Lowrey, La Fayetteville.
G. B. I. Mitchell, Fishkill.

Proceedings of the Annual Meeting.

The annual meeting of the Dutchess County Homœopathic Medical Society was held at the residence of Dr. H. N. Avery, Poughkeepsie, October 10, 1871.

The members present occupied several hours in an interchange of opinions upon the prevailing diseases, and giving the benefits of each others' experience. The society is in a flourishing condition.

The Poughkeepsie dispensary has treated a large number of patients during the past year, and performed a great amount of service.

LXXXIV.

Report of the Erie County Medical Society.

Organized December 14, 1859. Annual meeting held at Buffalo the first Wednesday in January; quarterly meetings on the first Wednesday in April, July and October. Special meetings convened upon call of the president, or by written petition of five members stating object of the meeting.

Officers and Members, 1871.

Officers.

President.—Dr. G. W. Lewis.
Vice-President.—Dr. E. G. Cook.
Secretary and Treasurer.—Dr. H. T. Appleby.
Censors.—Drs. A. T. Bull, L. D. McMichael, A. S. Hinckley, N. Osborne, A. R. Wright.
Delegates to State Medical Society.—Drs. A. S. Hinckley, George W. Lewis, Hubbard Foster, A. T. Bull.

Members.

Dr. Andrew R. Wright, 162 Pearl street, Buffalo.
A. C. Hoxie, 131 Franklin street.
Rollin R. Gregg, 42 South Division street.
Alvin Shattuck, 79 South Division street.
Alonzo S. Hinckley, 167 Elliott street.
George W. Lewis, 227 Pearl street.
Henry C. Blanchard, 88 Niagara street.
Lorenzo M. Kenyon, 86 West Mohawk street.

Dr. A. T. Bull, 98 East Swan street.
Elihu G. Cook, 38 East Swan street.
Elliott L. Cook, 38 East Swan street.
Hubbard Foster, 31 Franklin street.
Heinrick Baethig, 4 Fourteenth street.
L. D. McMichael, 36 West Eagle street.
Nehemiah Osborne, 31 Franklin street.
H. Baethig, Jr., 4 Fourteenth street.
H. T. Appleby, 270 Main street.
C. F. Petsch, Genesee street.
A. Pohle, Michigan street.

LXXXV.

Kings County Homœopathic Medical Society.

Organized November 12, 1857. Annual meeting in May.

Officers and Members, 1871.

Officers.

President.—Dr. H. E. Morrill.
Vice-President.—Dr. J. L. Watson.
Recording Secretary.—Dr. Everett Hasbrouck.
Corresponding Secretary.—Dr. Wm. M. L. Fiske.
Treasurer.—Dr. B. F. Underwood.
Censors.—Drs. R. C. Moffatt, W. S. Searle, and S. S. Guy.
Nominees for Permanent Membership.—Drs. B. F. Underwood, and E. Hasbrouck.
Delegates to State Medical Society.—Drs. W. S. Searle, S. S. Guy, W. H. Hanford, E. Hasbrouck, Geo. A. Bowen, John L. Hawks, H. E. Morrill, M. A. Tinker, A. Wright.

Proceedings of Annual Meeting.

The annual meeting of the Kings County Homœopathic Medical Society was held May 9, 1871.

The officers for the succeeding year were elected.

Dr. W. S. Searle read a very interesting paper entitled "Hints in Ophthalmic Practice," valuable to the general practitioner.

The members of the society are increasing each month, and the meetings are usually well attended, and are generally interesting.

LXXXVI.

Report of the Livingston County Medical Society.

Organized 1863. Annual meeting second Tuesday in June; semi-annual meeting second Tuesday in December.

Officers and Members, 1871.

Officers

President.—Dr. J. N. Anderson.
Vice-President.— ———
Secretary.—Dr. J. A. West.
Treasurer.—Dr. H. M. Dayfoot.
Censors.—Drs. A. L. L. Potter, H. M. Dayfoot, and J. A. West.
Delegate to the State Medical Society.—Dr. J. A. West.
Delegate to the American Institute of Homœopathy.—Dr. J. N. Anderson.

Members.

Dr. Jabez W. Dake, Nunda.
James A. West, Geneseo.
J. T. Bettis, Livonia.
H. M. Dayfoot, Mount Morris.
J. H. Dix, Dansville.
Henry A. Whitfield, Dansville.
T. P. Tisdale, Lima.

LXXXVII.

Report of the Madison County Medical Society.

Organized 1863. Annual meeting, fourth Tuesday in June. Semi-annual meeting, second Tuesday in January.

Officers and Members, 1871.

Officers.

President.—Dr. G. L. Gifford.
Vice-President.—Dr. Edward Loomis.
Secretary and Treasurer.—Dr. George B. Palmer.
Censors.—Drs. A. E. Wallace, E. C. Bass and S. Spooner.
Delegates to the State Homœopathic Medical Society.—Drs. S. Spooner and Edward Loomis.
Delegate to American Institute.—Dr. A. E. Wallace.
Delegates to County Medical Societies.—Dr. H. F. Adams to Oneida county; Dr. Ira C. Owen to Otsego county; Dr. E. C. Bass to Central New York Society.

Medical Committees.

Theory and Practice.—Dr. Edward Loomis.
Special Pathology and Therapeutics.—Dr. Stillman Spooner.
Materia Medica.—Drs. H. F. Adams and I. C. Owen.
Homœopathic Treatment of Surgical Cases.—Dr. E. C. Bass.
Obstetrics.—Drs. Isaac Clark and George B. Palmer.
Diseases of Females.—Dr. A. E. Wallace.
Diseases of Children.—Dr. D. D. Loomis.
Chronic Diseases.—Dr. H. F. Adams.
Prevailing Diseases.—Drs. Owen, Bass and Gifford.

Honorary Members.

Drs. H. M. Paine, E. A. Munger, W. B. Brown, Geo. W. Bailey, H. Willis, J. W. Brown, M. M. Catlin.

Members.

Dr. Daniel D. Loomis, Canastota.
Henry F. Adams "
Edgar C. Bass, Cazenovia.
Stillman Spooner, Oneida.
Adrian E. Wallace "
Isaac Clark, Eaton.
Gilbert L. Gifford, Hamilton.
George B. Palmer, East Hamilton.
Ira C. Owen, Sherburne.
Edward Loomis, Oneida.

PROCEEDINGS OF ANNUAL MEETING.

The eighth annual meeting of the Homœopathic Medical Society of Madison county, was held at the Eagle hotel, in Oneida, Tuesday, June 27, 1871, the president, Dr. Stillman Spooner, in the chair.

Dr. Gifford reported, in regard to a case of Bright's disease, which he presented at the last meeting as under his care, that the patient had improved under the use of baptisia and harlemensis, and a perfect cure was anticipated.

Dr. Adams reported a case of organic disease of the heart, with profuse epistaxis, during which, the action of the heart became very violent. Post-mortem revealed disease of the left auricle.

Dr. Adams also presented the subject of relapsing fever, and related the history of a case in his practice.

Dr. Spooner read a paper upon "Poisoning by Opium."

A discussion upon the use of hydrate of chloral in mania a potû, was participated in by Drs. Bass, Palmer, Wallace, and others.

The treasurer's report was presented, and ordered to be put on file.

The society then proceeded to the election of officers for the ensuing year, after which the society adjourned.

LXXXVIII.

Report of the Monroe County Medical Society.

Organized 1866. Annual meeting, second Monday in January; semi-annual meeting, second Monday in June.

Officers and Members, 1871.

Officers.

President.—Dr. E. H. Hurd.
Vice-President.—Dr. T. C. White.
Secretary and Treasurer.—Dr. J. C. Harrington.
Delegates to the State Medical Society.—Drs. L. H. Reynolds, T. C. White and G. W. Peer.

Members.

Dr. George W. Peer, Washington Hall, cor. Main st., Rochester.
Joseph A. Bigler, 16 North St. Paul street, Rochester.
Edwin H. Hurd, 42 North Sophia street, Rochester.
Charles Sumner, 14 South Clinton street, "
Theodore C. White, South Clinton street, "
James C. Harrington, 96 Main street, "
E. S. Preston, Rochester.
P. G. Clark, Rochester.
David I. Chaffee, Fairport.
C. H. Green, Brockport.
L. H. Reynolds, Brockport.
R. A. Adams, Churchville.
M. H. Adams, Churchville.
C. H. Thompson, Pittsford.
A. M. Bennett, Rochester.
J. E. Seeley, Scottsville.
——— Mera.
——— Wheeler.
T. J. Peer, Ontario.

Proceedings of Annual Meeting.

The regular annual meeting of the Monroe County Homœopathic Medical Society was held at the office of Dr. G. W. Peer, in the city of Rochester, on Monday evening, January 9, 1871.

On motion of Dr. Sumner, the by-laws were suspended for the evening, and the order of business changed, to meet the cases of Drs. Doty, Wheeler and Mera.

Dr. Sumner, of the committee on credentials, reported the names of Drs. Doty, Mera, and Wheeler, as properly qualified for member-

ship. By ballot, they were unanimously elected members of the society.

On motion of Dr. Harrington, Drs. J. E. Seeley of Scottsville, A. M. Bennett, of Rochester, and T. J. Peer of Ontario, were nominated for membership, and referred to the committee on credentials.

A communication was received from Dr. Watson of Utica, relating to the removal of Dr. S. Spooner, of Oneida, from the office of examining surgeon for pensions, and after some discussion, appropriate resolutions were unanimously adopted. (See article entitled "Medical Intolerance.")

A communication was received from Dr. Verdi, of Washington, asking the society to take action with reference to the establishment of a professorship of homœopathy in the proposed national university to be located in Washington, D. C.

On motion of Dr. Harrington, it was decided that the meetings of the society be held quarterly, hereafter, instead of semi-annually.

On motion of Dr. Hurd, the sum of twenty-five dollars was assessed on the members of the society, to pay for printing the address of Judge Chumasero.

On motion of Dr. Hurd, it was resolved that each member of the society pay an initiation fee of three dollars at the time of his admission, and the sum of two dollars each year thereafter.

The list of officers already named, were elected for the ensuing year.

Drs. Sumner, Bigler and Harrington, were appointed a committee on credentials of candidates for membership.

The society adjourned to meet the last Tuesday in February, 1872.

LXXXIX.

Report of the Montgomery County Medical Society.

Organized 1869. Embraces the counties of Montgomery and Fulton. Annual meeting in February.

OFFICERS AND MEMBERS, 1871.

Officers.

President.—Dr. James Gerrie.
Vice-President.—Dr. E. H. Eisenbrey.
Secretary and Treasurer.—T. J. Pettit.
Delegate to the State Medical Society.—Dr. Chas Lloyd.
Delegate to Northern New York Medical Society.—Dr. J. N. White.

Members.

Dr. James Gerrie, Johnstown, Fulton county.
George J. Newton, Gloversville, Fulton county.
Edward H. Eisenbrey, " "
Charles Lloyd, " "
Joseph N. White, Amsterdam, Montgomery county.
Thomas J. Pettit, Fort Plain, "
John V. Riggs, Amsterdam, "

XC.

Report of the New York County Medical Society.

Organized 1857. Annual meeting, second Wednesday in November; regular meetings second Wednesday of every month.

Officers and Members, 1871.

Officers.

President.—Dr. Carroll Dunham.
Vice-President.—Dr. S. P. Burdick.
Secretary.—Dr. Henry M. Smith.
Treasurer.—Dr. H. C. Houghton.
Censors.—Drs. H. D. Paine, S. Lilienthal, J. W. Dowling, E. M. Kellogg, T. F. Allen.
Delegates to the State Medical Society.—Drs. R. McMurray, B. F. Joslyn, J. McE. Wetmore, G. E. Belcher, T. F. Allen, C. Th. Liebold, T. F. Smith, J. W. Dowling, A. P. Throop. S. Lilienthal, W. E. Brinck, W. H. White, J. G. Baldwin, F. S. Bradford, C. O. Ficht, W. T. Helmeth, H. C. Houghton, H. N. Dunnell, L. de V. Wilder.

Bureaus.

Materia Medica.—Drs. S. Lilienthal, J. S. Linsley, A. K. Hills.
Clinical Medicine.—Drs. Henry D. Paine, R. Blakelock, J. Ralsey White.
Physiology and Pathology.—Drs. H. C. Houghton, R. McMurray, F. S. Bradford.
Surgery.—Drs. William Tod Helmuth, W. O. McDonald, H. M. Jernegan.
Statistic .—Drs. Henry M. Smith, S. B. Barlow, T. S. Goodwin.
Zymoses.—Drs. G. B. I. Mitchell, Theodore Quick, F. Seeger.
Obstetrics.—Drs. S. P. Burdick, Geo. E. Belcher, T. Franklin Smith.
Insanity and Medical Jurisprudence.—Drs. F. W. Hunt, W. H. White, L. de V. Wilder.
Diseases of the Eye and Ear.—Drs. T. F. Allen, C. Th. Liebold, J. McE. Wetmore.
Diseases of Women and Children.—Drs. E. M. Kellogg, John W. Dowling, A. P. Throop.

The regular monthly meeting of the Society was held on the evening of January 11, 1871, at the Homœopathic College.

There were present Drs. Allen, Blakelock, Bowers, Burdick, Dowling, Dunham, Hills, Houghton, Jernegan, Liebold, Linsley, McMurray, Minor, G. B. I. Mitchell, Paine, Patridge, H. M. Smith, T. F. Smith, Thomas, Throop, Wilder.

On taking the Chair, Dr. Dunham, President elect, said:

"It has seemed to me appropriate on this occasion to consider briefly the objects and functions of the County Medical Society.

"The State Government has referred to the State Medical Society certain duties, and endowed it with certain powers connected with the practice of medicine and surgery in the State. The State society is composed of delegates from the county societies, and the latter exercise in the counties the powers delegated by the State. Among these may be mentioned: 1. The very important power to confer upon properly qualified applicants the license to practice medicine. 2. The power to expel members for professional ignorance or misconduct, or immoral conduct or habits. 3. The sole power to pass upon the validity of diplomas granted in other states or counties, [The license to practice medicine and surgery protects from *criminal* prosecution for mal-practice.] 4. Since only "physicians duly qualified according to law," are authorized to engage in the occupation of teaching, and since county medical societies are constituted judges of qualification, and are empowered to qualify, it appears, that within their jurisdiction, county medical societies are intended to be inspectors and guardians of medical education.

"Evidently, if these important powers and trusts are neglected by those who are empowered, and therefore virtually required by law to be members of county medical societies, the profession has only itself to blame if its status, the conduct and attainments of its members, and the condition and curriculum of its colleges be not all that it could desire.

"These remarks indicate a line of action which this society ought to pursue. It must be said, to the credit of the society, that during the past year it did realize its duty in the matter of medical education, giving such expression to its views as resulted in a radical change in the administration of the college in this city. It is desirable that the attention thus turned to the college should be kept fixed upon it, and that defects may be unhesitatingly pointed out, and improvements insisted on, and by the co-operation of the society, carried into effect.

In its capacity as guardian of the interests and privileges of physicians, the society may properly take notice of a recent attempt to use the patronage of the United States Government to disparage homœopathy, in the case of Dr. Stillman Spooner, of Oneida, Madison county, New York, and others, who have been removed from the position of pension examiners, because they are homœopathists.

"Pursuing the same line of duty, we may consider the expediency of urging upon members the duty of helping to establish and maintain the "Hahnemann Hospital" of this city, and the "State Homœopathic Asylum for the Insane," on such a footing, that all can share the labors involved in their operations, and the benefits resulting from their success.

"Besides these, we have other duties. For the advancement of medical science, such an organization as our society affords, is invaluable. We may not neglect to employ it for that purpose.

"Within a few days after the last regular meeting of the society,

the newly elected officers met for deliberation in executive committee. At their meeting they received the sad tidings of the death of our venerated and beloved colleague, Dr. Walter Williamson, of Philadelphia, who, in November, was our guest in this hall, and who delighted and instructed us by his genial words and his interesting reminiscences. The executive committee thought they would be only anticipating the action of the Society by passing, as a testimony of respect to Dr. Williamson, the resolutions here presented, and by appointing from their number, a committee to attend his funeral. Drs. Allen, Smith and Dunham went to Philadelphia for this purpose, in the name of the Society; and this act and the resolutions were kindly recognized as expressions of fraternal sympathy by the family of Dr. Williamson, and by the Philadelphia County Homœopathic Medical Society, of which, at the time of his death, Dr. Williamson was president."

The minutes of the December meeting were read.

The chairman presented the resolution drawn up by the executive committee on the death of Dr. Williamson, and on motion of Drs. McMurray and Wilder, it was adopted.

Resolved, That we receive with profound grief, tidings of the decease of our friend and colleague, Dr. Walter Williamson, of Philadelphia. One of the earliest American physicians to accept the doctrines and engage in the practice of homœopathy, Dr. Williamson was ever a staunch defender and a consistent and successful practitioner of the new method. By his regular attendance at the meetings, and his ready and efficient participation in the labors of our national and local societies, and by his valuable publications in our journals, he contributed much to the advancement of medical science. His capacity and faithfulness as a teacher, secured the respect and gratitude of the large number of students who came under his influence, during his long connection with the Homœopathic Medical College of Philadelphia. His wisdom in counsel, and his genial readiness to lend assistance to his colleagues in all emergencies, won for him the confidence and the affectionate regard of the profession in his neighborhood and throughout the country. We feel deeply the loss which our profession and the community has sustained in his death, and to his colleagues in Philadelphia, and especially to his bereaved family, we offer our heart-felt sympathy.

Dr. Allen read his paper on "Spasm of the Glottis."

The first part of the paper was devoted to observations on the muscles of the larynx, their nerve supply, and comparative anatomy. Henle's view, that the combined action of the internal laryngeal muscles is that of a sphincter, was illustrated by a diagram. Dr. Allen proposed to class in two groups, all the laryngeal muscles, according to their nerve supply; the inferior laryngeal supplying all the proper sphincters, the superior laryngeal supplying only the crico-thyroid muscle, and in part the arytenoid; whose action is to cause tension of the vocal chords, while the internal muscles constrict the opening of the rim or glottidis.

Spasm of the muscles supplied by the inferior laryngeal nerve

would be hoarse and croaking, simulating the only noise lower animals can make.

Spasm of the muscles supplied by the superior laryngeal nerve would have a clearer and more shrill sound.

That form of spasm known as Millar's Asthma, which is often fatal to children, undoubtedly arises from irritation of the nerve centers. Inspiration is only affected with a shrill crowing sound. Irritation of the stomach, or lungs, may produce spasmodic, hoarse, sounds.

Among the many drugs which may relieve different forms of spasm of the laryngeal muscles, are those belonging to the halogen group: chlorine, iodine, bromine and fluorine.

Chlorine has most wonderfully relieved and cured spasm of the glottis, occurring both on inspiration and on expiration; in all the cases, I believe, the spasm was excessive, and attended with shrill sounds. Attempts to produce spasms on a dog failed; some persons, however, seem exceedingly susceptible to the gas, and suffer from spasm of the laryngeal muscles whenever they inhale it.

Bromine produces gasping and snuffing for breath, with wheezing and rattling in the larynx, heat of the face and head, etc.

Iodine produces a tightness and constriction about the larynx, with soreness, hoarse voice, etc. Dr Dunham recently related to me a case of spasm cured by iodine.

Fluorine produces soreness and increased irritability in the larynx, with impeded respiration, wheezing, etc.

Now under treatment, a case of spasm of the laryngeal muscles, evidently due to chorea, in which a hoarse, cat-like sound was made at the commencement of expiration.

Ignatia stramonium have seemed to be most appropriate to the case.

Dr. Dunham said: My involuntary provings of chlorine, and my successful use of it in several cases of spasmus glottidis, are recorded in the *American Homœopathic Review*. In that journal is also published, under the title of "Basis of Treatment," a case of this disease which had been treated without effect, by all the remedies that have been mentioned here, and by many other kindred drugs, but was speedily cured by *nux vom.*[2c] It was published to show that the symptom to which prominence is given by the patient or his friends may be a very important one as a guide to the remedy; that the spasm of the glottis may often be properly regarded as only a "symptom of other symptoms," secondary upon some other pathological condition; and that if a survey of the whole state of the patient ("totality of the symptoms," is Hahnemann's expression) show some remedy to be clearly indicated, in the pathogenesis of which, spasm of the glottis hardly appears, if at all, we may, nevertheless, give this remedy, with a reasonable confidence that the spasm, as well as the other symptoms, will yield.

The case for which I recently prescribed iodine, as alluded to, was that of an infant of ten months, whose mother states that, early in life, the child had marasmus, and was very low. Recovering from

this, under homœopathic treatment, she had a wheezing or rattling in the chest, which gradually increased for two months, until she could be heard breathing at a great distance. She coughed for a week or two, then the cough ceased. About August 1st, she began to have spasms of breathlessness, occurring usually at night, when asleep, and during the day, while asleep, and seeming as if they would take her life. I could not distinguish a special indication for any remedy in any peculiarity of those spasms; and otherwise the child seemed perfectly well. I therefore adopted a plan which has often helped me in blind cases. I went back on the line of development of the child's symptoms until I found symptoms which furnished an indication, and then prescribed as though these symptoms were now present. Adopting this plan, it may be remembered, I, years ago, prescribed, for a deaf young man of seventeen years, *mezereum*, which corresponded to the milk crust, the suppression of which, twelve years before, had been immediately followed by the deafness. I prescribed just as though the milk crust were actually present, and the deafness was speedily and permanently cured. Acting on this plan, I recalled the marasmus which the child had had, and the symptoms of which, as described to me, indicated *iodium*. This remedy was certainly not contra-indicated by the affection of the glottis, which was, I think, a partial paralysis, and not spasm. The attacks of dyspnœa gradually ceased, and within ten days had disappeared.

Dr. McMurray inquired what the indications were for iodium.

Dr. Dunham answered: Enlargement and induration of the glands, cervical and mesenteric; absence of appetite, utter indifference to food; scanty, high-colored urine; clayey evacuations; emaciation; yellow skin; action of the heart feeble, and much increased by motion.

Dr. Paine inquired if the character of the breathing was any indication for iodine.

Dr. Dunham replied that the breathing furnished no particular indication for iodine more than for spongia or sambucus. The chlorine had difficulty in expiring; none on inspiration; sambucus has the reverse. He knew no such indications for iodine.

Dr. Wilder inquired the potency used.

Dr. Dunham replied, two hundredth.

Dr. H. D. Paine expressed his appreciation of the excellent and instructive paper just read. Its clear explanation of the mechanism of the glottis, and the manner in which its various natural and spasmodic movements are effected, leaves little to be desired on those points.

It would have been still more gratifying, however, if the physiological and therapeutical relations of the drugs mentioned to the parts concerned in the spasmodic affections of the organ had been more definitely made out. This, to be sure, was no fault of the writer, but shows that there is still much to be learned, not only in respect to the action of chlorine, iodine and bromine, but in regard to the whole subject of spasmodic affections of the throat.

The use of bromine in the severer form of croup, accompanied by

deposit of false membrane, is doubtless familiar to all; its value in such cases is undeniable. He had seen it also very serviceable in many cases of severe croup in which there was no appearance of membrane. Most if not all cases of croup, whether called membranous or spasmodic, are undoubtedly accompanied with more or less spasmodic contraction of the orifice of the glottis. Its efficacy in croup has generally been attributed to its property of exciting inflammation of the throat with membranous exudation. If it has also the advantage of acting favorably upon the *spasmodic* affection, whether accompanied or not with inflammation, its value as a remedy in an important class of diseases, will be greatly enhanced.

But from his present knowledge of the action of bromine, in regard to the other remedies referred to, he was not prepared to speak. He was still inclined to adhere to the opinion that its appropriateness in croup cases is owing to the peculiar kind of inflammation which it is capable of exciting. Its efficacy in serious cases of croup not considered membranous, which he has oftened witnessed, has tended to confirm him in the opinion which he has entertained for some years, that there is no essential difference between the true membranous croup and the much more frequent forms of the disease, commonly called catarrhal, or spasmodic, except in degree. He was, of course, quite well aware that his convictions on this point were not shared by the majority of the profession, at least in this country. But as correct views of the pathology of this frequent and often fatal disease are essential to an intelligent treatment of it, it seems desirable that the subject should be reviewed and the question determined. In the beginning of his practice, the dividing lines between the so-called common, or false croup, and the true *cynanche trachealis*, were, in his mind, well and clearly defined. But he has since learned to distrust, and then to discredit, the distinctions which he was taught, and finally, to come to the conclusion that in at least the great majority of cases the nature and tendency of the ordinary catarrhal croup and the fully developed membranous form is essentially the same, the difference being in degree of violence or stage of development. The books, indeed, lay down many rules for diagnosticating, in the early period of the attack, the true from the false croup—so-called; but in practice, he believes it is generally quite impossible to pronounce with confidence to which class a given case belongs. He has seen mistakes made, both ways, by others than himself.

That many, even severe, cases of croup occur, which do not result in the formation of plastic deposit, is true. So do many cases of diphtheria occur without exhibiting that peculiar and distinctive symptom from which it derives its name. Diphtheria and croup, notwithstanding the assertion of some French pathologists, are certainly distinct diseases: but they have these features in common—both are liable to give rise to plastic exudation, and may prove fatal from spasm of the glottis before (as well as after) the membrane has formed. Some years ago he had extensive opportunities of observing diphtheria, and he saw many cases, in districts and families where the disease prevailed, which presented the constitutional symptoms, and the peculiar

patchy and crimson redness of the fauces that so often precedes the membrane, but without a particle of the diphtheritic pellice being formed. His experience in that disease induced him to reconsider the views he had previously entertained in regard to the nature of that other somewhat analogous affection, croup. Later observations have tended to confirm him in the opinion he has expressed, notwithstanding it probably differs from that of most of the members of the society. It is certainly desirable that the confusion which now exists in regard to the different affections of the throat should be cleared up.

Idiopathic spasm of the glottis is probably not a very frequent disease. The affection which goes by the various names of Millar's asthma, Kopp's thyric asthma, child crowing, inward fits, and various others, seems to be purely spasmodic. Perhaps there are other non-inflammatory spasmodic affections of the same part. But croup belongs to a different category. Hitherto he has chiefly relied upon sambucus, cuprum, ignatia and moschus, in purely spasmodic, or nervous throat troubles. If either of the agents mentioned in Dr. Allen's interesting paper, especially bromine, can be turned to good account in those affections, they will prove important additions to our therapeutic armory.

Dr. Dowling said: As regards the very able paper and demonstration of the muscles controlling the glottis, by Dr. Allen, he could say nothing but in its praise. The demonstration was very beautiful, and very clear. He had had no experience in the use of chlorine in cases of spasm of the glottis; and all the information he had of its effects were from the accidental proving of Prof. Dunham on himself, which he had read with great interest at the time it was reported. He had seen two cases of spasm of the glottis in infants during the past year, both of which, he had reason to believe, were cured by belladonna. He took no credit to himself however, for the belladonna, in each instance, was prescribed for another condition. But there were no paroxysms after the use of belladonna.

With regard to the ground taken by Dr. Paine in reference to spasmodic croup being a modified form of membranous croup, he must beg leave to differ. The idea had the credit of being original, for he had never heard of any author advancing the theory.

The doctor says, that in death from croup instances frequently occur where, upon post-mortem examination being made, no appearance of membrane, or traces of membrane, can be found. The doctor attributes the death under such circumstances to spasm of the glottis.

Dr. Dowling could not agree with him in this. He thought that under such circumstances death more likely was produced by paralysis of the muscles of the glottis. There are three conditions which give rise to symptoms somewhat analogous. 1st. Membranous, or *true croup*, of course accompanied by an effusion of coagulable lymph, which gradually increases in thickness until it entirely closes the tube, preventing the passage of atmospheric air into the lungs. 2d. Oedema of the glottis—a condition closely allied to membranous croup, differing only in the fact that the lymph, instead of being thrown out upon the surface of the membrane, accumulated beneath the mucous tissues,

gradually closing the canal, and, of course, producing death from the same cause, asphyxia. 3d. Spasmodic croup, which Dr. Paine considered simply a modified form of true croup, which if allowed to progress, would terminate in this serious and often fatal disease.

Dr. Dowling had always been, and was still, of the opinion that the so-called spasmodic croup, was strictly a nervous disorder. Although to the inexperienced the two diseases might be confounded, the observing physician will rarely make a mistake. In true croup, the effort at inspiration and expiration is equally impeded from the partial closure of the tube, arising from the lymph deposit; while in *spasmodic croup, so-called*, the inspiration is difficult, while the expiration is unimpeded. True croup comes on gradually, with all the symptoms of cold and fever, while spasmodic croup makes its appearance suddenly, disappearing as suddenly, and without any of the accompanying symptoms of the membranous form. Although in spasmodic croup there may be a slight hyperæmia of the mucous membrane, he doubted it, and considered it strictly a nervous disease. The doctor says in his experience, the same remedies cure the one that cure the other. My experience differs from that of Dr. Paine, although I have seen cases of spasmodic croup relieved by the bichromate of potash—my *sheet anchor* in true croup. I should consider it little less than murder to prescribe sambucus or moschus for a well marked case of membranous croup; remedies which, in my experience, have cured many cases of the so-called spasmodic croup.

In proof of the theory that, in the absence of membranous deposit in cases of death from supposed croup, it was the result of spasm of the muscles of the glottis, the doctor cites fatal cases of diphtheria where there was no appearance of a deposit on the mucous membrane of the larynx, trachea or pharynx. Diphtheria is a constitutional disease and the deposit is not confined to the mucous tissues mentioned, but has been found in the kidneys, uterus, in the vagina, and on the anus. In fact, this deposit is not confined to mucous surfaces, but will make its appearance on any portion of the body where there is an abrasion of the skin. And the fact of its not appearing on the mucous membrane of the pharynx, larynx or trachea, is no evidence of its non-existence.

Dr. Paine speaks of catarrhal and spasmodic croup as one and the same condition. Dr. Dowling said: The doctor has evidently got catarrhal laryngitis confounded with spasmodic croup. They are entirely different and distinct conditions. The one, *catarrhal*, is accompanied by more or less hyperæmia with mucous secretion, which is expectorated on coughing; the other, *spasmodic*, is strictly nervous in its character, and is not generally accompanied by any secretion of mucus. Although the difference existing between catarrhal and membraneous croup is not so great as between membraneous and spasmodic, still they are entirely distinct. In the one case, *lymph*, which is coagulable, is thrown out; in the other, mucus, which is not coagulable. Membranous croup, as well as the so-called spasmodic form, are peculiar to infancy; while *laryngeal catarrh*, or, if the doctor so call it, catarrhal croup, is not confined to any age.

Dr. Throop inquired whether moschus was given in the potencies, or appreciable doses. Dr. Paine answered, in potencies, not below the third.

Dr. Allen described the action of the nerves, in producing the different sounds.

Dr. Throop called attention to the suggestions of the president in his address, and thought the county, State and National Societies should take action on the proceedings of the commissioner of pensions, in removing all homœopathic physicians.

The chairman read the resolutions adopted by the Albany County Homœopathic Medical Society.

Dr. T. F. Smith, spoke of his being appointed examining surgeon, and being asked to resign, as he was a homœopathist.

On motion of Drs. Smith and Wilder, the matter was referred to a committee with power.

Drs. Paine, Throop and Minor, were appointed the committee.

On motion of Dr. McMurray, the president was added to it.

The president read a communication from the Washington Homœopathic Society in regard to the establishment of a National Medical University at Washington, and asking that the homœopathic physicians in this section address petitions to Congress for the appointment of a Chair of Homœopathy therein.

Dr. Allen thought that a National University at Washington, was not needed, and that the influence of homœopathic physicians should be exerted against the University, and not in favor of the establishment of professorships of Homœopathy.

Dr. McMurray agreed with Dr. Allen.

On motion of Drs. Smith and Paine, the executive committee was authorized to publish the proceedings of the society, if done without expense to the society.

The society adjourned to meet in February.

XCI.

Report of the Niagara County Medical Society.

Organized October 3, 1871. Comprises Niagara and Orleans counties. Annual meeting, second Tuesday in June; semi-annual meeting, second Tuesday in January.

OFFICERS AND MEMBERS, 1871.

Officers.

President.—Dr. D. F. Bishop.

Vice-President.—Dr. A. L. L. Potter.

Secretary and Treasurer.—Dr. R. S. Bishop.

Censors.—Drs. A. B. Botsford, E. Brown, W. S. Whitney, A. J. Evans and E. C. Parke.

Attorneys.—Hon. George W. Bowen, Hon. Edmund L. Pitts.

Delegates to the State Homœopathic Medical Society.—Drs. R. S. Bishop and W. S. Whitney.

Delegates to the American Institute of Homœopathy.—Drs. W. S. Whitney, R. S. Bishop and E. C. Parke.

Medical Committees.

Theory and Practice of Medicine.—Dr. R. S. Bishop.
Special Pathology and Therapeutics.—Dr. E. C. Parke.
Materia Medica.—Dr. J. E. Brown.
Homœopathic Treatment of Surgical Cases.—Dr. A. J. Evans.
Obstetrics.—Dr. A. B. Bottsford.
Diseases of Females.—Dr. A. L. L. Potter.
Diseases of Children.—Dr. F. L. Knapp.
Prevailing Epidemics.—Dr. W. S. Whitney.
Bureau of Materia Medica.—Drs. A. L. L. Potter, A. B. Bottsford and F. L. Knapp.

Members.

Dr. D. F. Bishop, 44 Main street, Lockport, Niagara county.
A. L. L. Potter, Albion, Orleans county.
R. S. Bishop, Medina, Orleans county.
W. S. Whitney, 86 Main street, Lockport, Niagara county.
A. J. Evans, 44 Main street, Lockport, Niagara county.
J. E. Brown, Eagle Harbor, Orleans county.
A. B. Botsford, Albion, Orleans county.
Franklin L. Knapp, Gasport, Niagara county.
E. C. Parke, Holley, Orleans county.

ORGANIZATION OF THE SOCIETY.

Pursuant to call, the homœopathic physicians and surgeons of Niagara and Orleans counties, met at the office of Dr. D. F. Bishop, of Lockport, on the third day of October, 1871, for the purpose of organizing a county medical society. Dr. A. L. L. Potter, of Albion, was chosen temporary chairman, and Dr. R. S. Bishop, of Medina, secretary.

Dr. Potter upon taking the chair, stated the object of the meeting, and made some remarks relating to the benefits to be derived from organization; benefits to the physicians enrolled as its members, and not less, the benefits accruing to the communities, embraced within the circle of practice of each member of such organization.

After reading "the laws of the State of New York, regulating the practice of physic and surgery, as found in the Revised Statutes," the following resolution was adopted:

Resolved, That the physicians and surgeons present, proceed to organize a homœopathic medical society for the county of Niagara, including Orleans, in the State of New York, in pursuance of an act entitled "An act to incorporate homœopathic medical societies," passed April 13th, 1857.

The following preamble was offered:

Whereas, Well regulated medical societies have been found to contribute to the diffusion of true science, and particularly the knowledge

of the healing art; therefore, we, the subscribing physicians residing in the counties of Niagara and Orleans, believing in the homœopathic maxim, *similia similibus cur ntur*, hereby agree to form an association under the following:

CONSTITUTION.

Article I.

This association shall be known as the Homœopathic Medical Society of the county of Niagara (including Orleans), and its object shall be the advancement of the science of medicine.

Article II.

The laws of the State of New York (hereunto annexed), regulating the practice of medicine and surgery and providing for the organization of medical societies, shall be deemed a part of this constitution.

Article III.

The officers of this society shall be a president, vice-president, secretary and treasurer, and five censors; all of whom shall be elected at an annual meeting; the votes of a majority of the members present being necessary to a choice.

Article IV.

The duties of the officers of this society shall be such as are prescribed by the laws of the State of New York, and in addition thereto such as may be from time to time designated by the by-laws.

Article V.

Any regularly licensed physician who has complied with the requisitions of laws of the State, and who shall avow his belief in the homœopathic maxim, *similia similibus curantur*, may be elected a member of the society, by the votes of a majority of the members present at any regular meeting; but no persons shall be entitled to the privileges of membership until he shall have signed the constitution and paid the initiation fee.

Article VI.

A regular meeting of the society shall be held in the month of June in each year, and a semi-annual meeting in the month of January following; at each of which, the place, day of month and hour for holding the next meeting shall be determined upon.

Article VII.

Upon the written request of any three members, explaining the reason for such actions, the president shall direct the secretary to call an extra meeting at any time; in which case it shall be the duty of the secretary to state, in his notice to members, the object of the meeting. At such extra meeting no business shall be transacted except that named in the aforesaid notice.

Article VIII.

At any regular or extra meeting of the society, seven members shall constitute a quorum.

Article IX.

The society may have a common seal, with a suitable device and inscription.

After a thorough consideration and some discussion, each article of the constitution was unanimously adopted, to which the signatures of those present were affixed.

The society then proceeded to the election of officers for the coming year.

The president and secretary and Drs. Bottsford and Knapp were elected delegates to attend the ceremony of laying the corner stone of the Homœopathic State Insane Asylum, at Middletown, Orange county.

This institution, under the munificence of State government, is to be built and put under the care and management of the homœopathic profession. There the unfortunate insane can be cared for as they would dictate, had their reasons yet the ascendency.

Dr. Potter moved the following resolution:

Resolved, That the president communicate with the physicians who failed to receive a notice of this meeting, explain the omission, and invite them to become members of this society.

Various other resolutions were adopted, among them was an indorsement of Dr. Gray's resolution as passed at the semi-annual meeting of the State society in August last.

The labor of organization having been accomplished, the society fixed upon the second Tuesday in January next, for their first semi-annual meeting, to be held at the office of Dr. R. S. Bishop, in Medina. The annual meeting will hereafter occur in June.

The president elect for the coming year, being invited to the chair said:

Members of the Homœopathic Medical Society of Niagara county, including Orleans, Gentlemen.—I thank you for the honor you bestow upon me, in making me your first president. And while I shall endeavor to act well my part, I crave your indulgence for the many short comings and delinquencies which may from time to time be chargeable to me. I am proud to-day in the contemplation of the object which brought us together, and in what we have accomplished. It has long been my desire that the homœopathic brotherhood of these two counties should be organized in a medical society, that being united we may be strong, and through a systematic commingling and interchange of thought, we may become brighter and stronger in the great work before us. I regret that the names of several estimable medical gentlemen, residents of these counties, were omitted in the call for this meeting, owing to the imperfect list in the hands of the member, through whom the call was made by the secretary of the

State society, and agreeable to your resolution, I shall notify such members of the profession, and invite them to become members of this society.

Our sister counties, have well organized medical associations. We have our State and National organizations, which are active, and productive of great good to the homœopathic cause, and to the world. Thus as the ocean is supplied by many rivers, and each river by many smaller streams, so we must gather up the little gems of truth, which contribute to the great book of science; we are individually responsible, not only for the faithful performance of our professional engagements, but also for a contribution to the general interests of the healing art, and especially to our favorite system. May we all be inspired with more love, and more zeal in the good work of relieving human suffering, and at the same time keep our shoulders steadily to the great wheel of medical reform and progress.

It is no longer a question, whether homœopathy is a reform and a reality; whether its principles and its formulas are true; and whether in the light of science and in the minds and hearts of an enlightened people it will succeed. It has succeeded; millions of grateful hearts say so; the records of private and hospital practice say so; State authorities say so, in chartering our institutions, in publishing our proceedings, in appropriating large sums of money to establish and maintain our dispensaries, hospitals and lunatic asylums.

The increase of the number of homœopathic physicians, and also their patrons has been very large during the last ten years; while the allopathic numbers have decreased nearly as much. Twelve years ago, there were four homœopathic physicians in these two counties, now there are fifteen or sixteen. For a few State statistics I will read a short extract from the report of Dr. Paine, read before the semi-annual meeting of the State society, held at Saratoga, August 11, 1871:

"The relative number of homœopathic to allopathic physicians is one of the former to five or six of the latter. With regard to the relative representative status of the two schools they are nearly equal. Regarding the two national organizations the homœopathic is the oldest and has the largest list of members. There are nearly as many homœopathic State, county and local societies in full tide of successful experiment, as there are allopathic. There is in this State a lunatic asylum, for the erection of which, an appropriation of $150,000 has been made. We have also seven hospitals, twelve dispensaries and one lying-in asylum.

"In other States, a large number of public institutions have been established, and it is fair to presume that our standing in this respect is rapidly approaching that heretofore claimed alone for the allopathic school.

"It is also well, in this connection, to observe the ratio of increase of homœopathic to allopathic physicians, and the relative increase of each to that of the population during the past few years. In the city of Philadelphia, during a period of twenty-seven years, the number of homœopathic physicians has increased over seven-fold,

while that of allopathic physicians has actually decreased ten per cent. During the same period, the increase of population was threefold."

Thus, gentlemen, are we encouraged, with facts beyond the power of controversy, that our institutions are well founded and permanent, and in the law of "similia similibus," we have a legacy of priceless value—which needs only our wisdom and our devotion to secure its blessings to suffering humanity. Let us be admonished, therefore, to keep our eyes steadily fixed upon the law of cure propounded by the immortal Hahnemann; and while we strive to develop new theories and improvements, it may be only the perfection of the grand harmony of this principle of our being. Let me admonish you also, as members of this medical society, that you now have special duties here—we have organized for work—and if we are earnest and faithful, I trust we shall reap a just reward. First of all, be punctual in your attendance upon every regular meeting of the society; be diligent in the discharge of every duty, and above all be generous.

After some informal clinical reports, adjournment was made to the time of the meeting in January.

The president, after some brief remarks upon the "tired appearance" of the members, invited all present to proceed without delay to his residence. He intimated that there was work for the society to do there.

This motion, like others offered during the day, passed unanimously. Perhaps some of the society were appalled when they reached the doctor's residence and saw the work there was before them. The table was loaded, not with reports of county proceedings, abstract from State laws, constitutions of medical societies, by-laws, etc., as in the former case, but a bountiful repast. A similar impression was made here, as at the meeting in the morning, viz.: It must be a protracted session.

Having the prestige of success before them, as gained during the earlier part of the day, they cheerfully undertook to go through the work before them here; and to say that they were not successful, would not receive the unanimous assent of the members present. The unfaltering hour hand telling that the trains would soon be due, was not sufficient to release their grasp upon the work commenced. Other trains would soon arrive, but not often other hours like this. The time soon came, however, when each one felt that this, like other pleasant gatherings must come to an end. With many thanks to each other for the harmonious interest felt in the welfare of the new society, and especial thanks to their respected president and lady, for their hospitable reception, the society dispersed according to adjournment.

XCII.

Report of the Oneida County Medical Society.

Organized October 20, 1857. Embraces the counties of Oneida and Herkimer. Annual meeting the third Tuesday in October; semi-annual meeting, third Tuesday in June.

OFFICERS AND MEMBERS, 1871.

Officers.

President.—Dr. L. B. Wells.
Vice-President.—Dr. W. Warren.
Secretary and Treasurer.—Dr. D. W. Vanderburg.
Censors.—Drs. Gardner, Hill, Watson and Stebbins.
Delegates to State Medical Society.—Drs. D. W. Vanderburg, W. Warren, H. Hadley and N. Spencer, Jr.
Delegate to American Institute of Homœopathy.—Dr. Wells; alternate, Dr. N. Spencer.
Nominee for Permanent Membership.—Dr. D. W. Vanderburg.

Medical Committees.

Theory and Practice of Medicine.—Dr. J. C. Raymond.
Special Pathology and Therapeutics.—Dr. Wm. H. Watson.
Materia Medica.—Dr. A. B. Southwick.
Homœopathic Treatment of Surgical Cases.—Dr. E. A. Munger.
Obstetrics.—Dr. N. Spencer, Sr.
Diseases of Females.—Dr. M. M. Gardner.
Diseases of Children.—Dr. C. J. Hill.
Prevailing Epidemics.—Dr. S. O. Scudder.

Honorary Member.

Dr. Charles A. Church, Norwich, Chenango county.

Members.

Dr. J. C. Raymond, 248 Genesee street, Utica, Oneida county.
Lucien B. Wells, 225 " " "
William H. Watson, 270 " " "
Marcello M. Gardner, 37 Columbia street, Utica, "
C. Judson Hill, 4 " " "
Erastus A. Munger, Waterville, "
G. A. Gifford, Clayville, "
Leveritt Bishop, Sauquoit, "
C. A. Osborne, " "
S. O. Scudder, 33 Liberty street, Rome, "
A. B. Southwick, 35 Dominick street, Rome, "
Hiram Hadley, Booneville, "
Woodward Warren, " "

Dr. William B. Stebbins, Little Falls, Herkimer county.
John W. Mower, West Schuyler, "
Wm. Landt, Mohawk, "
Nathan Spencer, Windfield, "
Abram Guiwits, Salisbury Center. "
David W. Vanderburg, Ilion, "

Proceedings of Meetings.

The fifteenth annual meeting of the Homœopathic Medical Society of Oneida county, was held October 17, 1871, in the city of Utica.

The meeting was called to order at eleven A. M., Dr. N. Spencer, president, in the chair.

The minutes of the last meeting were read and approved. The treasurer's report was also read and accepted.

A letter from Dr. Loomis, of Oneida, was read, relating an interesting case of lung affection and its successful treatment.

Dr. Wells reported a singular case of affection of the brain, involving peculiar mental manifestations, which led to a general discussion, also a case of intermittent fever, promptly relieved by a high potency.

Dr. Spencer reported a case of intermittent fever and its successful treatment.

Dr. Bishop reported a case of chronic congestive fever, successfully treated.

The list of officers already mentioned, were then elected for the ensuing year.

By resolution, Dr. Vanderburgh, of Ilion, was recommended to the State Society for election as permanent member.

On motion of Dr. Wells,

Resolved, That the place for the semi-annual meeting be designated hereafter, by the officers of the society.

Dr. Watson, from the committee on pathology and therapeutics, read an elaborate paper on "The Importance of a Correct Diagnosis in the earliest period of invasion of Scarlatina Maligna," and reviewed at length the data which are available for the establishment of such a diagnosis.

Dr. Wells stated that in the proving of apium virus in the year 1850, all the characteristics of scarlet fever were developed, and said that his experience confirms the proving that as a remedy in that disease it has a decided preference over belladonna, especially in the more aggravated forms of the disease.

Dr. Owen reported a case of malignant scarlatina, and subsequent dropsy, successfully treated with a trituration of harlæmensis and arsenicum[3], the former five drops to the tumblerful.

Dr. Hill reported cases of dropsy, following scarlatina, cured with apium virus and arsenicum.

Dr. Wells related a case of malignant scarlatina which was promptly cured by apium virus[30].

On motion, Dr. Charles A. Church, of Norwich, Chenango county, was elected an honorary member of the society.

The veteran Dr. Bishop, in the eighty-fourth year of his age, chairman of committee on statistics, made a very able and highly interesting report on the history of homœopathy in Oneida county. The report was accepted.

Drs. Bishop, Watson and Wells were appointed a committee to complete and arrange the above mentioned report for publication in the transactions of the State Society.

By resolution, the president was authorized to fill any vacancies in the delegation to the State Society.

The society then adjourned, subject to the call of the president.

XCIII.

Report of the Onondaga County Medical Society.

Organized 1862. Annual meeting, first Tuesday in May; semi-annual, second Tuesday in October.

Officers and Members, 1870.

Officers.

President.—Dr. Franklin Bigelow.
Vice-President.—Dr. W. Henry Hoyt.
Secretary and Treasurer.—Dr. W. A. Hawley.
Censors.—Drs. W. A. Hawley, W. H. Hoyt, L. Clary.
Delegates to the State Medical Society.—Drs. B. B. Schenck, W. H. Hoyt.

Honorary Members.

Drs. Lucien B. Wells, Utica, Oneida county; J. C. Raymond, Utica, Oneida county; George B. Palmer, East Hamilton, Madison county; T. D. Stow, Fulton, Oswego county; D. J. Chaffee, Fairport, Monroe county; H. Barton Fellows, Chicago, Illinois; M. F. Sweeting, South Butler, Wayne county.

Members.

Dr. Joshua G. Bigelow, 57 Warren st., Syracuse, Onondaga county.
Lyman Clary, 201 James street, " "
Wm. A. Hawley, 61 Montgomery st., " "
W. Henry Hoyt, Syracuse House, " "
H. V. Miller, 53 Warren street, " "
Jay W. Sheldon, 71 Warren street, " "
Stephen Seward, 4 Madison street, " "
Franklin Bigelow, 102 South Salina st., Syracuse, "
Benjamin B. Schenck, Plainville, "
R. D. Rhodes, Marcellus, "
P. O. C. Benson, Skaneateles, "
Franklin Bigelow, 102 South Salina street, Syracuse, "
Solomon C. Warren, Jordan, "

XCIV.

Report of the Ontario County Medical Society.

Organized 1860. Comprises the counties of Ontario and Yates. Annual meeting, third Wednesday in October; semi-annual meeting, first Wednesday in June.

Officers and Members, 1871.

Officers.

President.—Dr. J. H. Stebbins.
Vice-President.—Dr. J. B. Voak.
Secretary and Treasurer.—Dr. G. Z. Noble.
Censors.—Drs. R. B. Covert, Hilon Doty, F. Tompkins.
Delegates to State Medical Society.—Drs. J. B. Voak, and F. Tompkins.
Delegates to American Institute of Homœopathy.—Dr. J. H. Stebbins.

Honorary Members.

Drs. T. J. Patchen, Fond du Lac, Wisconsin; M. Kingsley, Kingville, Ohio; W. Gulic, Watkins, New York; O. E. Noble, New York; C. T. Mitchell, Le Roy, New York.

Members.

Dr. Henry W. Smith, Rushville, Yates county.
George Z. Noble, Dundee, " "
Emerson W. Roger, Crystal Spring, Yates county.
Frank Tompkins, Penn Yan, "
M. W. Combs, Millers Corners, Ontario county.
J. H. Stebbins, Geneva, " "
N. B. Covert, " " "
A. B. Smith, " " "
Rynear B. Covert, " " "
J. Benson Voak, Canandaigua, " "
James A. Hawley, " " "
Hilon Doty, " " "
T. D. Prichard, Phelps, " "
George C. Prichard, Phelps, " "
Henry Foster, Clifton Springs, " "
Cyrus Allen " " " "
E. W. Bryan, Ovid, Seneca county.

XCV.

Report of the Orange County Medical Society.

Organized November 12, 1852. Annual meeting, second Wednesday in October; semi-annual, second Wednesday in May.

Officers and Members, 1871.

Officers.

President.—Dr. Charles M. Lawrence.
Vice-President.—Dr. J. W. Ostrom.
Secretary and Treasurer.—Dr. Ira S. Bradner.
Corresponding Secretary.—Dr. J. T. Hotchkiss.
Censors.— ———.
Delegates to the State Medical Society.—Drs. Jesse T. Hotchkiss, Charles M. Lawrence.

Members.

Dr. William A. M. Culbert, Newburgh, Orange county.
Ira S. Bradner, Middletown, "
Frederick W. Seward, Middletown, "
George F. Foote, Middletown, "
Joshua W. Ostrom, Goshen, "
Charles M. Lawrence, Port Jervis, "
De Witt C. Jayne, Florida, "
Jesse T. Hotchkiss, Cornwall, "
E. H. Noble, Montgomery, "

Proceedings of Annual Meeting.

The annual meeting of the society was held in Gorham, October 11, 1871.

Drs. Ostrom and Hotchkiss were appointed a financial committee.

Dr. Lawrence reported his attendance upon the semi-annual meeting of the State society.

Dr. Hotchkiss presented notes of cases treated upon his favorite principle of compression and water dressing, which led to an animated discussion of the principle involved.

The society adjourned to meet at Middletown the second Wednesday in May, 1872.

XCVI.

Report of the Oswego County Medical Society.

Organized 1861. Annual Meeting, second Tuesday in June; semi-annual, first Tuesday in October.

Officers and Members, 1871.

Officers

President.—Dr. T. Dwight Stow.
Vice-President.—Dr. W. L. Woodbury.
Secretary and Treasurer.—Dr. George D. McManus.
Censors.—Drs. McManus, Waldo, Pool and Fowler.
Delegates to the State Medical Society.—Drs. Woodbury and Fowler.

Medical Committees.

Theory and Practice.—Dr. W. W. Rundell.
Pathology.—Dr. T. D. Stow.
Obstetrics.—Dr. A. Pool.
Epidemics.—Dr. W. L. Woodbury.
Surgery.—Dr. G. D. McManus.
Diseases Peculiar to Females.—Dr. L. B. Waldo.
Diseases of Children.—Dr. Harriet Rundell.
Clinical Cases.—Dr. D. C. Fowler.

Honorary Members.

Drs. W. A. Hawley, Syracuse, Onondaga county; A. R. Morgan, Syracuse, Onondaga county; C. W. Boyce, Auburn, Cayuga county.

Members.

Dr. Lyman B. Waldo, 92 West Third street, Oswego, Oswego co.
Augustus Pool, 232 West First street, " "
Geo. D. McManus, 23 East Bridge street, " "
Dewitt C. Fowler, Grant Block, " "
W. L. Woodbury, cor. Cayuga and Second sts., Fulton, "
W. W. Rundell, Main street, Mexico, "
Harriet Rundell, " " "
Catharine Townsend, West Third street, Oswego, "

Proceedings of Meetings.

Semi-annual Meeting.

The tenth semi-annual meeting was held at the office of Dr. Rundell, in the village of Mexico, October 4, 1870.

The meeting was called to order by the president, Dr. Stow.

Dr. Stow reported several cases of surgery.

Dr. Waldo offered a report on diseases of women.

Dr. McManus reported on the use of chloroform in eclamsia.

Dr. Harriet Rundell, called the attention of the society to poisoning by the use of popular hair dyes.

Miscellaneous discussions followed, in which all participated.

Meeting adjourned.

Special Meeting.

Upon call of the president, a special meeting was held at the office of Dr. McManus, in the city of Oswego, January 10, 1871, to consider the matter of the establishment of a chair of homœopathy in the proposed national university, at Washington D. C.

A committee was appointed to circulate petitions for signatures, to be forwarded to Congress, asking the granting of the same.

Several resolutions were passed, after which the meeting adjourned.

Second Special meeting.

Upon call of the president, a second special meeting was held at the office of Dr. McManus, January 24, 1871, to consider the matter of the expulsion of Dr. Stillman Spooner, from the office of pension surgeon, by the action of Commissioner H. Van Aernam.

Appropriate resolutions were passed, and petitions were circulated.

Annual Meeting.

The eleventh annual meeting was held at the office of Dr. Fowler, in Oswego, June 13, 1871.

The meeting was called to order by the president, Dr. T. Dwight Stow.

A full attendance of members, and extended discussion on various subjects relating to medical science, rendered the meeting one of unusual interest.

Semi-annual Meeting.

The eleventh semi-annual meeting of the Oswego County Homœopathic Medical Society, was held at Fulton, November 3, 1871, at the office of Dr. T. Dwight Stow.

Nearly all the members were present.

The following were among the papers presented and read:

"Cases of Membranous Dysmenorrhœa, cured with Aloe," by Dr. Catharine Townsend.

A "Case of Monstrosity of Infant," head defective, the posterior portion being absent, presented by Dr. Pool.

Dr. McManus exhibited a specimen of tape-worm, fifty feet in length, which had recently been expelled.

Dr. Waldo reported several cases of scarlatina.

Dr. Stow reported a case of scarlatina cured with silicea; also a case of fistula, cured with silicea.

A discussion ensued on the utility of chloroform, the subject being introduced by Dr. Woodbury, regarding its use in obstetrical practice; also the best mode of administration in any case.

On motion, the society adjourned to meet the third Tuesday in June, 1872, at the office of Dr. Waldo, in Oswego.

XCVII.

Report of the Otsego County Medical Society.

Organized December, 1860. Annual meeting second Wednesday in June; semi-annual, second Wednesday in January.

Officers and Members, 1871.

Officers.

President.—Dr. E. B. Warren.
Vice-President.—Dr. A. B. Cossaart.
Secretary and Treasurer.—Dr. J. I. Wallace.
Censors.—Drs. J. H. Foote, I. S. Blodgett and C. W. Fox.
Delegates to State Medical Society.—Drs. E. B. Warren and J. H. Foote.
Delegates to County Medical Societies.—Dr. R. E. Miller, to Broome county; Dr. N. Getman, to Oneida county; Dr. J. T. Wallace, to Madison county; Dr. M. Matteson, to Albany county.
Essayist.—Dr. J. H. Foote.

Medical Committees.

Theory and Practice.—Drs. N. Getman and M. Matteson.
Materia Medica.—Drs. R. E. Miller and J. H. Foote.
Surgery and Surgical Diseases.—Drs. J. T. Wallace and A. B. Cossaart.
Prevailing Epidemics.—Drs. J. R. White, S. Warren and C. A. Guy.

Honorary Members.

Drs. T. C. White, Rochester; C. Bruchhausen, Norwich.

Corresponding Members.

Drs. S. C. Warren, Syracuse; J. R. White, New York.

Members.

Dr. Charles W. Fox, Morris, Otsego county.
Merritt Matteson, " "
Erastus B. Warren, Middlefield, "
T. S. Blodgett, Cooperstown, "
Norman Getman, Richfield Springs, Otsego county.
Arthur B. Cossaart, Otego, "
C. E. Ismond, Hartwick, "
J. H. Foote, Franklin, Delaware county.

Proceedings of the Annual Meeting.

The tenth annual meeting of the Otsego County Homœopathic Medical Society was held at the Susquehanna House in the village of Otego Tuesday, June 13, 1871.

The meeting was called to order at two o'clock P. M. In the absence of the president, Dr. J. H. Foote was elected president pro tem.

Reports of standing committees being next in order, Dr. E. B. Warren, Chairman of Committee on Diseases Peculiar to Women, read a paper giving the history and treatment of a fatal case of fibroid enlargement of uterus, where post-mortem examination showed the organ to have attained an enormous growth, weighing thirty-four pounds. This article called out a lively discussion upon the treatment of this class of diseases.

Dr. A. B. Cossaart, Chairman of Committee on Clinical Medicine, then brought before the society a young boy afflicted with tabes mesenterica, which presented many points of interest. The case was examined by all present, and remarked upon by Drs. Foote and Warren, after which it was prescribed for,—with what success remains to be seen.

Society then adjourned until evening.

Evening Session.—Meeting was called to order by the president at half-past seven o'clock P. M.

Dr. J. T. Wallace then read a paper on the subject of "Dose," discussing the comparative merits of the low and high potencies, claiming that homœopathy does not consist in the quantity of medicine given, but in the selection of the drug to be used, according to the law *similia similibus curantur*, and defined a homœopathic dose to be the least possible quantity that will effect a cure. A copy of this paper was solicited for publication.

Dr. E. B. Warren then reported in writing, several important cases treated by him during the past year by high potencies.

Cases from practice were also reported by Drs. Foote and Cossaart.

The society then proceeded to the election of officers for the coming year, the list of which has been already given; after which the society adjourned, to meet at Cooperstown the first Tuesday in June, 1872.

XCVIII.

Report of the Rensselaer County Medical Society.

Organized June, 1860. Annual meeting, third Tuesday in October; semi-annual, third Tuesday in June.

OFFICERS AND MEMBERS, 1871.

Officers.

President.—Dr. C. S. Woodruff.
Vice-President—Dr. M. W. Campbell.
Secretary and Treasurer.—Dr. C. G. Clark.
Censors.—Drs. R. D. Bloss, F. L. Vincent, M. W. Campbell, C. G. Clark.
Delegates to State Society.—Drs. F. L. Vincent, E. S. Coburn, C. G. Clark.
Nominees for Permanent Membership.—Drs. E. S. Coburn and M. W. Campbell.

Medical Committees.

Theory and Practice.—Dr. C. H. Carpenter.
Special Pathology and Therapeutics.—Dr. C. S. Woodruff.
Materia Medica.—Dr. M. W. Campbell.
Obstetrics.—Dr. J. P. Bloss.
Surgery.—Dr. E. S. Coburn.
Diseases of Females.—Dr. F. L. Vincent.
Diseases of Children.—Dr. R. D. Bloss.
Clinical Medicine.—Dr. D. W. Pitts.
Prevailing Epidemics.—Dr. C. G. Clark.

Honorary Members.

Drs. W. S. Searle, Brooklyn, N. Y.; J. Younglove, Elizabeth, N. J.; J. F. Miller, Cambridge, N. Y.

Members.

Dr. S. A. Cook, 1 Clinton place, Troy.
J. P. Bloss, 108 Second street, Troy.
R. D. Bloss, 17 Second street, "
M. W. Campbell, 36 Fifth street, Troy.
C. H. Carpenter, 1 " "
C. G. Clark, cor. Fifth street and Broadway, Troy.
E. S. Coburn, 91 Fourth street, Troy.
H. E. Fuller, Lansingburgh, Rensselaer county.
D. W. Pitts, Johnsonville, "
F. L. Vincent, 38 First street, Troy.
C. S. Woodruff, 78 Fourth street, Troy.

Cow-pox and the Boston Vaccine Institution.

By F. L. VINCENT, M. D.

From the Troy Daily Whig, January 4, 1872.

In these days of medical factions, jealousies and bickerings, it is refreshing to find in the system of vaccination one peg upon which we can all peaceably hang our hats; for vaccination is the acknowledged protector by all schools of practice, and has been advocated with unabating zeal since its promulgation by Jenner in 1796, with results manifest in the mitigation and near annihilation of the once fatally devastating epidemic, small-pox.

In an article in one of our city papers some weeks since, a contributor avers, "that, in England, and to some extent in Germany and France, it is considered an established fact that the cow-pox of the cow and the small-pox of the human kind are one and the same. And we read of cows having been infected with small-pox contagion by enveloping them in blankets taken from the beds of those who had died with small-pox, and thus producing cow-pox. That this is erroneous the commission of Lyons and later authorities distinctly prove. Trousseau, in his "Clinical Medicine," confirms the opinion of Jenner, who strongly insisted that cow-pox originated in a peculiar disease of the horse, called grease; but that under this term, unfortunately, two totally different diseases were included; one, purely a local affection of the heels, the other a constitutional disease, with a general eruption visible in the mouth, and because of the absence of hair on the heels also. Jenner was a careful observer and reasoner, and in this his assertion of the origin of cow-pox, so long considered absurd, he is, after many years, proved not to have spoken idly." M. Chauveau, of the Lyons commission, makes his statement, "that small-pox can be easily communicated to the bovine species by inoculation, to which species it stands in the same relation as vaccinia to man; that is to say, that when an ox is inoculated with small-pox it is thereby made proof against cow-pox, just as a vaccinated man is proof against small-pox. A more practical point is, that small-pox, in its passage through the system of the cow, is not transformed into cow-pox; it still remains small-pox, and returns to the original state of small-pox when reintroduced into the human system." The cat stricken with small-pox on North Second street, certainly by the imbibition of small-pox, did not develop cat-pox. The animal not only had the small-pox itself, but gave the infection to a member of the family. We must therefore conclude that cow-pox is a zymotic or contagious disease, peculiar to the bovine species as the similar zymotic disease called small-pox is to the human species.

Vaccination, then, is the inducing in the system this disease called cow-pox; which disease is similar in many respects to small-pox and possesses the power of nullifying the latent tendency of the system to small-pox. The same as small-pox, after expending itself within the system, destroys the tendency to a repetition of the attack. We

are all familiar with the history of Jenner's discovery. Suffice it to refer to the fact, that it was this disease called cow-pox, in the dairymen and women, that secured to them immunity from small-pox; and all of Jenner's experiments and subsequent vaccinations were made with cow-pox lymph. And fearing, it is said, that his virus might deteriorate, he would travel England over to procure fresh supplies. We must remember that prior to Jenner's discovery the only protection from the ravages of small-pox was inoculation. This, though a protector to the individual majority, proved fatal and intensely severe in its action upon the individual minority, while to those unprotected the inoculated person was as infectious as small-pox itself; thus tending to the diffusion rather than the limitation of the disease, so that it was finally interdicted by law. We can, therefore, in part conceive the glowing enthusiasm of a man like Jenner, who finds himself the apostle of a new doctrine, a benefactor, a physical savior of his fellow men. And yet, with all the results of Jenner's experiments, in such marked contrast with the sad experiences of the inoculators, he was persecuted, vilified and misrepresented until he said he "was almost sorry he had ever made known his discovery." And his persecutors were not the uneducated masses, but the medical fraternity, whom education and zeal in the cause of humanity should have made co-laborers. These were the men who, as in the present day, were satisfied with the argument of the "unreasonableness of the system," its "impurities" and its "dangers," and yet unwilling to investigate for themselves.

Since the days of Jenner, the original vaccinations with cow-pox have gradually given place to the more mild and less effective measure termed humanized vaccinia. This has been not sought after, but for many years, particularly in America, unavoidable. In Germany, England and France, vaccine institutions have been fostered by the governments, and, as in the National Vaccine Institution, the original virus, secured by Jenner's own hand, has been carefully transmitted from child to child, and thus kept in a comparative state of activity.

The expense attending the procuring of cow-pox forced the physicians to measures of economy, and thus inaugurated the plan of using imported virus for the first vaccination, and from the crusts vaccinate others *ad infinitum*. Thus as an inevitable consequence, each remove from the original cow-pox deteriorated and radically changed its essential qualities as a protector from small-pox. And why? Simply because the cow-pox as a natural disease of the cow, finds in the system of the animal, so to speak, the natural soil for its propagation, and any deviations from this mode of propagation are made at the expense of the activity of the material. Thus Dr. Martin, of Boston, informs me he has thoroughly tested the effects of humanizing cow-pox, and comes to this conclusion:

"That virus taken from the heifer, if introduced to the system of a healthy child, though it may develop in the child all the characteristics of cow-pox, should the lymph from the child again be used, this time vaccinating a healthy heifer, entirely differing results are

obtained," satisfying the most sceptical, that the virus had by even one transmutation lost power and characteristics. Now putting aside the mooted queries whether vaccinations from child to child may or may not transmit disease, is it not evident that to humanize cow-pox we change its properties? That the most natural channel for transmission is in the animal in which the disease originated. And may we not see in this late outbreak of small-pox, the results of inefficient vaccinations with humanized matter, that by continuous transmissions through human organizations may have lost all or nearly all of its original protective power? Then what remedy have we but to go back to first principles, the original virus used by Jenner. But whence comes the cow-pox? And how do we know that we are not being victimized? Inoculated with "Rinderpest?" "Animal poisons?" "that months of assiduous medical skill might not eradicate," and thus "years hence" the boils and blaines of the Egyptians again infect us? These solemn queries so disturbed our peace of mind that determined to know the worst, we visited the institution from whence our supply of virus came, receiving a hearty welcome from its originator Dr. Henry A. Martin, and in the few hours gleaned much of interest and value relative to animal virus and its propagation in the heifer. Dr. Martin is a physician of the allopathic school, has been for many years in the practice of his profession in Boston, serving as medical director during our late war, and from study and advantageous circumstances he stands a master of his profession, sustaining with the physicians and the citizens of Boston, a position that warrants and receives confidence and esteem. In reviewing Dr. Martin's efforts to establish a permanent vaccine institution in this country, I cannot do better than quote his own statement; he says: "From a very early period of my student life now nearly thirty years ago, I was fully convinced of the infinite value of animal vaccination and filled with wonder also that so clear and great a good should be so imperfectly appreciated by the people and even by the profession. Stranger still is it, that in a country so widely and justly noted for general intelligence as this, no provision should be made by the States for the vaccination of the people, or even for the proper and methodical protection of the army and navy. Thinking of all these things I have always devoted great and constant attention to the subject, and for the past twelve years have endeavored with a success that has given me great comfort and encouragement to perform an office which in all other civilized countries is assumed by the government, that of supplying the profession with the best attainable material for vaccination. In the performance of this duty I spared no pains to obtain the very best stocks of vaccine virus. I obtained from Germany, France and England supplies of lymph from many and different sources. After fully and fairly testing these I at last came to the conclusion that the very best of all known stock of humanized virus, was that so religiouly preserved by the National Vaccine Institution derived by successive human vaccinations for seventy years from cow-pox lymph collected by the hand of Jenner himself. The vaccinations made from this lymph

seemed to me to leave nothing to be desired, and when failing of leisure to visit Paris myself, I sent a special and most intelligent agent there last spring to fully investigate the whole subject of animal vaccination, and to procure ample supplies of lymph in such forms as should enable me to inaugurate the method in America; it was more from a feeling that it was incumbent upon me to investigate everything relating to my favorite specialty—rather than from any hope or expectation that the new source and method of supply would prove superior or even equal to that which I had so long enthusiastically and honestly commended. I was resolved however, to thoroughly investigate the subject, and to give the result of my experiments and investigations to the profession. My impression was, the verdict would be adverse; it has proven entirely otherwise. After four months of daily study of animal vaccination, and the phenomena in the human and bovine species, I have no hesitation whatever in asserting that in every respect this lymph gives evidence of its superiority to any of which I have had any previous personal knowledge. The superiority is shown in every stage of the disease; in the greater size and perfection of form and color of the vesicle areola (the surrounding redness), in the decidedly greater—though by no means violent or alarming—febrile phenomena on the ninth and tenth days—in the perfection of form and much greater size of crusts, and last though by no means least, the adherents of the crusts to the full twenty-one days mentioned by the older writers, and from that even to thirty days. All the points in which the animal virus differs from the humanized, are in favor of the former without exception. In all respects vaccinations made with it, correspond exactly with those described by Jenner, Willan, Brice, and the numerous writers of the first decade of the century. No other vaccinations ever made, however perfect I may have considered them, have thus exactly corresponded." This was penned by Dr. Martin after four months experiments with his heifers; and two years ago, subsequent experiments have been merely confirmatory of his early impressions; and now, in his enthusiasm, he has abandoned humanized vaccinations entire. With Dr. I. T. Talbot of Boston, I had the pleasure of visiting his stables. We were ushered into a neat, airy room, one-third of the floor of which was carpeted; desks, store and implements used in the mounting of the virus, composed the furniture. The additional two-thirds of the stable was devoted to five miniature stalls, with racks for hay, and in the stalls stood as many young heifers. The arrangements for cleanliness and ventilation were perfect, and the clear eye and glossy coat of each occupant of the stalls, bore unmistakable evidence of health; asserting by look that vaccination was not so grievous an affliction after all. Under a sky-light stood the operating table, the cover of which revolved; to this cover clamps, similar to small hand-cuffs were firmly attached, also belly-bands and neck straps of broad leather. To prepare the animal for vaccination, it was fastened to the table by the straps and iron clamps, and by rotating the table the animal was brought squarely upon its back; the operator then shaves all hair

from the udder and adjacent skin, giving a surface denuded of hair, of six or eight square inches, upon which surface vaccinations one-half inch apart are placed, and when the entire surface is covered the table is again revolved, bringing the animal on its feet, the fastening removed and the animal placed in the stall to await the development of the disease. The pustules at the seventh day are at their greatest stage of activity, and the lymph then obtained is more active than at a later period. The animal is again secured to the table, when the operator by the pressure of thumb and finger, gently forces the lymph to exude, securing it on the points of ivory tips manufactured for the purpose. Though forty or fifty vaccine pocks may have resulted from the operation, many times only a small proportion are perfect. The proper discrimination between full, perfect pustules and spurious ones is the important knowledge to be attained by the operator, and care, study and observation can alone impart it. Thus many who have essayed to propagate the cow-pox, have failed in this essential particular. After the lymph has dried upon the points they are secured by cotton and rubber in packages of ten each, and thus prepared for the physician's use. The crusts, or scabs, are not favorably viewed by Dr. Martin, and it is his earnest effort to dissuade the physicians from using them, they being inferior to the lymph on the ivory points, and more liable to decomposition by light, heat and moisture. The efforts of Dr. Martin are attended with an annual outlay of four thousand dollars, but the gratifying success of the physicians using the material and their great demand, is now rendering him a munificent reward. Should the government establish a vaccine institution of this character it would confirm the faith of the physicians in the purity, vigor and efficiency of animal virus, and by the abolishment of humanized material, restore the confidence of the people in vaccination, doing away with their prejudices, and then make vaccinations and re-vaccinations obligatory upon all, and the neglect a penal offense.

A rejoinder to the above article, from the pen of the health officer of an adjoining village, asserting that "the procurement of lymph from the vessicle by pressure would prove abortive and result only in a yield of blood and pus," and that the "frightful sore arms among Troy children could be thus accounted for," with other equally absurd assertions, seemed to necessitate a little further informing of the "blind guides," and, consequently, in the *Troy Whig* of January 10th, the doctor further states:

Messrs. Editors.—It was not my purpose in the previous article to champion the cause of Dr. Martin, and thereby enter into a newspaper controversy with his opponents, as the proper place for this would be in any of the various medical journals of the country, but simply to confirm the minds of the credulous, proving to them by personal observation, that the Boston vaccine manufactory is an honorable effort of a scientific man to supply the physicians, and through them the people, with unquestionable pure vaccine material.

As most of the statements made derogatory of animal vaccine in

this city and vicinity, evidencing ignorance and prejudice, have emanated from medical men, and most singularly they of one school of practice, I deem it not out of place to explain why this bitter animosity should exist. Dr. Martin, as I previously informed you, is a regular physician (allopathic), has received from the medical profession and the government, positions of trust. The Massachusetts State Medical Society and the Gynæcological Society, honoring him with membership, the American Medical Association appreciating his effort and zeal in the supply of humanized and the propagation of animal virus made him chairman of the committee of vaccination; and all was satisfactory and harmonious, until, in an unguarded moment, he announced his virus in a homœopathic journal, and the telegraph conveyed the fact all over the world that "Dr. Henry A. Martin, of Boston, chairman of the committee on vaccination, has been removed for using insulting language toward the association in an article on vaccination which he had published in the homœopathic journal," and what the language? In the *New England Journal* of January, 1871, he writes: "I am not one of your household of medical faith, in fact, quite the reverse; but whatever I may have done in the past, I shall not now write a line to ruffle the temper of the most sensitive believer in Hahnemann and his famous dogma; * * * * and then, after lucidly presenting the results of his experiments with humanized and animal virus, and his convictions in favor of the latter, closes his article in this intensely insulting language: "I have, notwithstanding my not being a homœopathist, borne repeated testimony to the great and peculiar care taken by the homœopathists to obtain the best possible vaccine lymph. I have abundant evidence of this in the great number of that school in all parts of the country who have corresponded with me during the past twelve years."

For this advertisement of his material in a homœopathic journal, he was censured by the Massachusetts State Medical Society, and removed by the American Medical Association, from his position as chairman of the committee on vaccination during its session in San Francisco. And thus, with a liberality of sentiment characteristic of the school, the entire allopathic profession would sacrifice the benefits of animal vaccine and a pure reliable lymph, rather than allow the crumbs of truth from its table to be thrown to a homœopathic journal. Here, then, is the animus of the whole matter, the profession, seeking to punish Dr. Martin by villifying his vaccine, and falsifying the motives and results of those using it. Yet in spite of the frightful sore arms, the people recognize the vast difference between the two systems of vaccination, and have exhibited a very marked preference for the animal vaccine with all the horrid predictions, to that of repeated and repeated efforts with humanized material that fails to excite even local maifestations, much less constitutional ones, and a risk of the small-pox malady besides.

I desire, however, to reply to the few important parts of Dr. H.'s article. First, as relates to the procurement of the lymph from the vaccine vesicle.

The vesicle on the heifer, is necessarily far from maturity on the seventh day; but the lymph contained in it is then at its stage of greatest activity, and consequently the most valuable. To procure this lymph, the vesicle must be pressed, to force the lymph to exude; but as microscopic examinations have established the fact that the vaccine vesicle does not contain a trace of pus, the assertion "that by pressure pus is obtained, is simply incorrect, and evidences willful misrepresentation or ignorance of these same, "simple pathological processes." 2dly. Blood is never found on the ivory points, as immediate upon its exhibition; no further pressure is applied, as its presence indicates the exhaustion of the vesicle. We naturally conclude the doctor has never seen any of the ivory points charged with pure lymph. 3dly. Probably 10,000 persons in this city have been vaccinated with cow-pox during the past year, and the writer has yet to learn of any malignant or septic symptoms developed thereby. Moreover he can produce overwhelming evidence of the complete and satisfactory effects elicited from ninety-five per cent of those thus vaccinated. Is it possible for Dr. H. to do the same? 4thly. These "terrible impurities" these "animal poisons," "rinderpests," "Spanish flies," "boils," "blood and pus." What of it? These statements if uttered by other than medical men, would be considered too ridiculous to notice; but repeated as they are by them, and by some innocent believers swallowed with the same trustful reliance that they do their pills—it demands from us sober refutation. We diagnose diseases (except small-pox), by certain characteristic symptoms manifest in the system. Thus we decide between typhoid and gastric fevers, rheumatism and neuralgia, scarlet-fever and measles, chicken-pox and small-pox. And so, too, we recognize the disease called vaccinia in the irritation on the second and third days, a small vesicle on the fourth and fifth days, with a distinct definable areola on the seventh. The eighth day the vesicle begins to fill; and this stage is also attended with febrile phenomena premised by chill, headache, aching in back and limbs, the fever reaching its maximum intensity on or about the ninth or tenth days, gradually abating as the pustule assumes its characteristic perfection of form, *i. e.* perfectly round, full of semi opaque lymph, having a depression in the center, and an areola or surrounding inflammation of a bright color and well defined. About the fifteenth or eighteenth days the pustule grows yellow, and gradually dries down to a scab or crust, which remains on the arm until the twenty-first or thirtieth day, according to the activity of the virus. Now will any of the medical gentlemen antagonistic to animal vaccine, state that by the inoculation of a healthy individual with "animal poison" *i. e.* diseased animal tissue, it would be possible to develop any of the above characteristic symptoms of cow-pox? Furthermore, would it not be convincing evidence of the reliability of the virus, that it does produce these peculiar symptoms? And should we not rely upon, and give preference to that material which most perfectly corresponds with the description of the original observer of the effects of cow-pox upon the human system? Upon this ground Dr. Martin sums up the evidence in favor of animal virus, which I copy from my previous article.

"That its superiority is shown in every stage of the disease, in the greater size and perfection of form and color of the vesicle, areola, in the decidedly greater though by no means violent or alarming febrile phenomena on the ninth and tenth days in the perfection of form, and much greater size of crusts, and last though by no means least, the adherence of the crusts to the full twenty-one days mentioned by the older writers, and from that even to thirty days. All the points in which the animal virus differs from the humanized, is in favor of the former without an exception. And in all respects, the vaccinations made with it correspond exactly with those described by Jenner, Brice and Willan. No other vaccinations made, have thus exactly corresponded." This opinion is the result of prolonged observation and experiment, extending over a period of twenty years, and is not the cullings of newspapers and medical journals, and should receive the respect of the medical profession, for whose benefit it was conducted. Is it reasonable, then, for any of these gentlemen, in the face of the ten thousand successful vaccinations conducted in this city with cow-pox virus, to assert that the effects produced were necessarily "poisonous," "harmful" and *unprotective?* If the latter, why should we not have record of cases of small-pox occurring among these thus vaccinated, and the argument against animal virus be thus practically confirmed? The general conclusions of Dr. H. are in full accord with my own views. These "home vaccinations" will continue just so long as the "ignorant use of material from secondary vaccinations is made by the physicians" and the prejudice of the people is so strong in this that they prefer the horrors of small-pox to the risks of this sort of vaccinating. As medical men with human life in trust, let us lay aside these petty jealousies and avail ourselves of every means that may alleviate suffering and save life. Not pronouncing anathemas against that which we have not proven false, and of which we actually know nothing. Believing that I have made "darkness light before them, and crooked things straight," I submit the subject of merit or demerit to your readers, sincerely believing that in spite of calumny

"Magna est veritas et prevalebit."

XCIX.

Report of the Saratoga County Medical Society.

Organized 1863. Annual meeting, the second Tuesday in July.

Officers and Members, 1871.

Officers.

President.—Dr. E. B. Cole.
Vice-President.—Dr. Zina Clements.
Secretary and Treasurer.—Dr. S. J. Pearsall.
Censors.—Drs. B. F. Cornell and James F. Doolittle.
Delegates to State Medical Society.—Drs. B. F. Cornell and James F. Doolittle.

Members.

Dr. B. F. Cornell, Fort Edward, Saratoga county.
Zina Clements, Saratoga Springs, "
S. J. Pearsall, " "
Thos. E. Allen, " "
J. F. Doolittle, Ballston Springs, "
William E. Rogers, Rexford Flats, "
A. G. Peckham, Waterford, "

C.

Report of the Steuben County Medical Society.

Organized 1867. Annual meeting, the third Tuesday of May; semi-annual meeting, third Tuesday of November.

Officers and Members, 1871.

Officers.

President.—Dr. B. F. Grant.
Vice-President.—Dr. W. J. Bryan.
Secretary and Treasurer.—Dr. J. M. Cadmus.
Censors.—Drs. W. J. Bryan, P. S. Hollett, W. S. Purdy.
Delegates to the State Medical Society.—Drs. W. S. Purdy and W. J. Bryan.
Nominees for Permanent Membership.—Drs. J. M. Cadmus and B. F. Grant.
Delegate to American Institute of Homœopathy.—Dr. W. J. Bryan.

Medical Committees.

Therapeutics.—Dr. W. S. Purdy.
Surgery.—Dr. E. M. White.
Prevailing Diseases.—Dr. W. J. Bryan.
Venereal Diseases and Obstetrics.—Dr. J. M. Cadmus.

Honorary Members.

Drs. Joseph P. Morris, Mansfield, Pa., and Arthur P. Hollett, Havana, N. Y.

Members.

Dr. W. J. Bryan, Corning, Steuben county.
James M. Cadmus, Hammondsport, Steuben county.
A. De Wolfe, Bath, "
Benjamin F. Grant, Bath, "
William S. Purdy, Corning "
Peter S. Hollett, Sonora, "
Ezra M. White, Cohocton, "
—— Whitney, Wayland, "

Proceedings of the Annual and Semi-annual Meetings.

Annual Meeting.

The fourth annual meeting of the society was held at the office of Dr. B. F. Grant, in the village of Bath, May 16, 1871.

The meeting was called to order by the president.

Dr. White, of Cohocton, was elected a member of the society.

Quite a lengthy discussion was called forth by verbal reports regarding the characteristics and treatment of scarlatina, as it prevailed during the winter and spring.

The treasurer's report was read and accepted.

The officers for the ensuing year were elected. Dr. White was appointed to deliver the address at the semi-annual meeting.

The society adjourned to meet at Corning the third Tuesday in November, 1871.

Semi-annual Meeting.

The fifth semi-annual meeting of the society was held at the office of Dr. W. J. Bryan, in the village of Corning, November 21, 1871.

The meeting was called to order by the president.

Dr. J. M. Cadmus read a paper on syphilis.

On motion, the secretary was directed to furnish students of the several members of the society with copies of the transactions of the State Homœopathic Medical Society.

A verbal report on catarrh was given by Dr. White, in which he claimed to have discovered a cure for this disease.

On motion, the president was directed to appoint a committee to confer with like committees from, and members of, adjoining medical societies, for the purpose of organizing a homœopathic medical society for the southern tier of counties, comprising Steuben,

Schuyler, Chemung, Tioga and others, and, if deemed advisable, to authorize said committees to call a meeting for the organization of the same.

Drs. Purdy and Cadmus were appointed such committee for the Steuben County Homœopathic Medical Society.

On motion, it was ordered that, hereafter the meetings of this society be held quarterly, instead of semi-annually, as heretofore.

The society adjourned, to meet at Bath the third Tuesday in February, 1872.

C.

Report of the St. Lawrence County Medical Society.

Organized October 4, 1871. Comprises St. Lawrence and Franklin counties. Annual meeting second Tuesday in June.

Officers and Members, 1871.

Officers.

President.—Dr. D. E. Southwick.
Vice-President.—Dr. E. Parmelee.
Secretary.—Dr. H. D. Brown.
Treasurer.—Dr. N. N. Childs.
Censors.—Drs. D. R. Belding, S. Hoag, J. M. Dow.
Delegate to State Medical Society.—Dr. H. D. Brown.
Delegate to Central New York Medical Society.—Dr. N. N. Childs.

Medical Committees.

Clinical Medicine.—Drs. D. R. Belding, H. D. Brown, George Dart.
Materia Medica.—Drs. E. Parmelee, J. M. Dow, H. D. Brown.
Surgery.—Drs. S. Hoag, N. N. Childs, D. R. Belding.
Prevailing Epidemics.—Drs. N. N. Childs, D. R. Belding, S. Hoag.

Members.

Dr. Ezra Parmelee, Morley, St. Lawrence county.
D. E. Southwick, Ogdensburgh, "
Nelson N. Childs, " "
Hiram D. Brown, Potsdam, "
E. E. Fisher, Canton, "
John M. Dow, De Kalb, "
Sanford Hoag, Canton, "
Geo. Dart, Depeyster, "
D. R. Belding, Malone, Franklin county.

Organization of the Society.

Pursuant to a call, a meeting of the homœopathic physicians of St. Lawrence county, was held in the city of Ogdensburgh, October 4, 1871, for the purpose of organizing a county society.

Present.—Drs. D. E. Southwick, N. N. Childs, D. R. Belding, Ezra Parmelee, J. M. Dow, Geo. Dart, Sanford Hoag, H. D. Brown.

The society was organized under the name of the St. Lawrence County Homœopathic Medical Society; its object the advancement of homœopathic medical science.

The officers were then elected for the ensuing year.

It was voted to accept the form of the constitution and by-laws of the Albany County Homœopathic Medical Society, making necessary alteration in article three, providing for the election of a secretary and a treasurer; also article six, in regard to time and place of meeting.

The society adjourned to meet at Potsdam, the second Tuesday in June, 1872.

CI.

Report of the Tioga County Medical Society.

Organized July 29th, 1870.

Officers and Members, 1871.

Officers.

President.—Dr. ———.

Vice-President.—Dr. L. B. Hawley.

Secretary and Treasurer.—Dr. J. T. Greenleaf.

Censors.—Drs. T. S. Armstrong, C. A. Walsh and T. T. Hunter.

Delegate to the State Medical Society.—Dr. T. S. Armstrong.

Delegate to the American Institute of Homœopathy.—Dr. L. B. Hawley.

Necrologist.—Dr. J. T. Greenleaf.

Members.

Dr.	Theodore S. Armstrong,	Owego,	Tioga county.
	Charles A. Walsh,	"	"
	John T. Greenleaf,	"	"
	L. B. Hawley, Waverly,	"	"
	T. T. Hunter, Candor,	"	"

Proceedings of Annual Meeting.

The annual meeting of the Homœopathic Medical Society, of Tioga county, was held at the office of Dr. E. Lovejoy, in Owego, May 9, 1871.

The meeting was called to order by the president, Dr. Lovejoy.

Dr. Greenleaf was appointed necrologist, and was requested to report on the death of Dr. T. T. Hunter.

The following resolution was, after a brief discussion, adopted:

Resolved, That the secretary be authorized to communicate with the homœopathic physicians of Ithaca, Binghamton and Elmira, in regard to the organization of an association of homœopathic physicians, in the southern counties of central New York, and report thereon at the next meeting.

The president appointed the semi-annual meeting to be held July twelfth, after which the meeting adjourned.

CII.

Report of the Ulster County Medical Society.

Organized May 10th, 1865. Annual Meeting in May.

Officers and Members, 1871.

Officers.

President.—Dr. Levi Shaffer.

Vice-President.—Dr. Garrett D. Crispell.

Secretary and Treasurer.—Dr. Frederick W. Ingalls.

Censors.—Drs. Frederick W. Ingalls, William D. La Montanye, and Garrett D. Crispell.

Delegates to the State Medical Society.—Drs. Garrett D. Crispell, Levi Shaffer, and F. W. Ingalls.

Delegate to the American Institute of Homœopathy.—Dr. F. W. Ingalls.

Honorary Members.

Drs. Egbert Guernsey, H. L. Gilbert and H. Houghton, of New York.

Members.

Dr. Levi Shaffer, Kingston, Ulster county.
Garrett D. Crispell, " "
Frederick W. Ingalls " "
Charles P. Jernigan, Saugerties "
William D. La Montanye Rondout "

CIII.

Report of the Washington County Medical Society,

Organized 1865. Comprises the counties of Washington and Warren. Annual meeting, second Wednesday in January.

OFFICERS AND MEMBERS, 1871.

Officers.

President.—Dr. B. F. Cornell.
Vice-President.—Dr. James Rice.
Secretary and Treasurer.—Dr. H. K. Bennett.
Censors.—Drs. D. H. Bullard, G. H. Beach, and George W. Little.
Delegate to State Medical Society.—Dr. James Cromwell.
Nominees for Permanent Membership.—Drs. Bennett, G. W. Little.
Delegate to American Institute of Homœopathy.—Dr. B. F. Cornell; alternate, Dr. G. W. Little.

Honorary Members.

Drs. Charles Lowery, Homer; John Sarle, Brooklyn.

Members.

Dr. David H. Bullard, Glen's Falls, Warren county.
Austin W. Holden, Glen's Falls, "
James Cromwell, Caldwell, "
Hollis K. Bennett, Whitehall, Washington county.
Hiram J. Ward, North Granville, "
Peter H. Hulst, Greenwich, "
Benjamin F. Cornell, Fort Edward "
George W. Little " "
James Rice, Ft. Ann, "
George H. Beach, Sandy Hill, "
Charles M. Mosher, Easton.

PROCEEDINGS OF ANNUAL MEETING.

The annual meeting of the Washington County Homœopathic Medical Society, convened at the office of Drs. Cornell & Little, in Fort Edward, January 11, 1871.

Dr. Cornell reported several interesting cases of scirrhus mammæ which were successfully treated.

Dr. Bennett reported cases of catarrh cured by the use of remedies applied by the nasal douche.

Dr. Cornell related his experience with the nasal douche in the treatment of catarrh, with like successful results.

After an hour's conversation in interchanging opinions, relating interesting clinical cases, the society adjourned to meet at the office of Drs. Cornell & Little of Fort Edward, on the second Wednesday in January, 1872, at ten o'clock A. M.

CV.

Report of the Wayne County Medical Society.

Organized 1862. Annual meeting, first Tuesday in June; semi-annual meeting first Tuesday in December.

Officers and Members, 1871.

Officers.

President.—Dr. Stephen D. Sherman.
Vice-President.—Dr. G. C. Childs.
Secretary and Treasurer.—Dr. M. F. Sweeting.
Delegates to the State Medical Society.—Drs. O. C. Parsons, and Myron H. Adams.
Essayist.—Dr. A. G. Austin.

Honorary Members.

Dr. A. P. Throop, New York; C. W. Boyce, Auburn; Jay W. Sheldon, Syracuse; Carroll Dunham, New York; Adolph Lippe, Philadelphia.

Members.

Dr. Stephen D. Sherman, Lyons.
Mortimer F. Sweeting, South Butler.
G. C. Childs, Clyde.
Alexander G. Austin, Williamson.
O. C. Parsons, Newark.
W. B. Brown, Palmyra.
Myron H. Adams, Palmyra.
Cyrus Allen, Clifton.
A. D. Kelogg, Walcott.

CVI.

Report of the Westchester County Medical Society.

Organized 1863. Annual meeting, last Wednesday in January; semi-annual meeting, last Wednesday in June.

Officers and Members, 1871.

Officers.

President.—Dr. Henry Beakley.
Vice-President.—Dr. W. A. Ely.
Secretary and Treasurer.—Dr. W. F. Hocking.
Censors.—Drs. L. W. Flagg, H. C. Jones and E. V. Brown.
Delegates to State Medical Society.—Drs. H. Beakley, L. W. Flagg and Charles W. Torrey.
Delegate to American Institute of Homœopathy.— T. C. Fanning.

Members.

Dr. W. F. Hocking, Yonkers, Westchester county.
Charles W. Torrey, " "
Henry C. Jones, Mt. Vernon, "
Benajah J. Burnett, Mt. Vernon, "
Levi W. Flagg, Yonkers, "
Isaac N. Swasey, Yonkers, "
Edward V. Brown, Tarrytown, "
Thomas C. Fanning, " "
Henry Beakley, Peekskill, "
Albert L. Comstock, Mt. Kisko, "
Wallace A. Ely, White Plains, "
Stephen A. Hasbrouck, Dobbs' Ferry, "
William B. Ropes, " "
Edward W. Finch, New Rochelle, "
Mortimer McCollum, Port Chester, "
John M. Miller, Morrisania, "
S. M. Griffin, Cold Spring, Putnam county.

Proceedings of Annual and Semi-annual Meetings.

Annual Meeting.

The annual meeting of the society was held at the office of Dr. Hocking, Getty House, Yonkers, January 25, 1871.

The president and vice-president of last year, were unanimously re-elected, and Dr. Hocking was chosen secretary and treasurer, vice Dr. Fanning, resigned.

The thanks of the society were tendered to the retiring secretary for his long continued and efficient services.

Dr. Flagg reported verbally an interesting case of encephaloid in the orbit of the right eye, which was almost entirely painless. Externally it presented, at first, symptoms of conjunctivitis, then of hypopium, but afterwards the eyeball was pushed half out of its socket and disorganized to a great extent. It was then removed, together with the encephaloid mass that filled the posterior half of the orbit. The patient recovered so as to attend to business for a short time, but the extension of the disease to the nose and surrounding portions of the face soon proved fatal. At no time was the cancerous growth attended with pain.

Dr. Flagg also reported two cases of placenta prævia, in which flooding had taken place to a desperate extent, previous to his arrival. The two cases were successfully delivered by turning, the child being dead in each case. One mother recovered slowly, suffering intensely from headache. The other who had been poisoned by eating toad stools and had the dropsy, died in two days after. A case of puerperal convulsions during labor, continuing after manual delivery, was cured by stramonium[2c].

The resolutions of the Albany County Homœopathic Medical Society, in regard to the removal of Dr. Stillman Spooner from the office of examining pension surgeon, were presented, and unanimously adopted. It was also,

Resolved, That they be published in some of the papers of this county.

On motion of Dr. Jones, it was

Resolved, That the regular meetings of this society be hereafter held in Yonkers.

CVII.

Report of the Central New York Homœopathic Medical Society.

Organized May, 1866. Embraces the counties of Broome, Cayuga, Chemung, Chenango, Cortland, Herkimer, Jefferson, Madison, Monroe, Oneida, Onondaga, Ontario, Oswego, Seneca, Tompkins, Wayne and Yates. Annual meeting, third Thursday in June; quarterly meetings, third Thursday in September, December and March, in the city of Syracuse.

Officers, 1871.

President.—Dr. S. Spooner.
Vice-President.—Dr. L. B. Wells.
Secretary and Treasurer.—Dr. H. V. Miller.

Proceedings of Annual and Quarterly Meetings.

Annual Meeting.

The annual meeting of the Central New York Homœopathic Medical Society, was held at Dr. W. A. Hawley's office, in Syracuse, June 15, 1871. Dr. C. Sumner, the president, in the chair.

Reports of the secretary and treasurer were approved.

An assessment of one dollar, for each member, was levied to pay expenses.

Drs. Clary, Boyce and Schenck were appointed a committee on credentials.

The President thanked the society for having elected him its presiding officer; also congratulated the society on the reappointment of Dr. Spooner, examining pension surgeon.

Reports on medical subjects being next in order, Dr. Miller read the following paper on hygienic ventilation:

"The best time to consider plans of ventilation, is during the warm season, while new houses are building, when the extra cost of necessary apparatus is but trifling, and not after the edifices are completed, because it may then involve considerable trouble and expense."

"The subject of ventilation has not hitherto attracted the attention that its hygienic importance demands. We have in this city many fine houses when viewed externally, but scarcely one well-ventilated dwelling, church, school-house or public building. Architects pride themselves on their skill in planning elegant and pretentious edifices, but they seem neither to know or care anything about the best mode of ventilation. Stove dealers have heating apparatus of remarkable beauty and capacity when generously supplied with fuel; but when questioned on the subject of ventilation you will find them slightly deficient in information on that point, though they may pretend to be well informed. If there be a popular demand for the best and most approved mode of ventilation, cupidity, if not humanity, will speedily supply that demand.

To ventilate a building is to properly supply it with fresh and pure air. Theoretically, everybody knows that this is necessary to health and long life, and that in very impure air life can be prolonged comparatively a short time. Almost any disease may be induced by inhaling impure air, particularly common colds and typhoid and typus fevers. Doubtless, it is on account of the impure air that so many persons in this climate are predisposed to catarrhs, both acute and chronic, which are developed on the least exposure to cold air. Ordinarily, the only means of ventilating dwellings or any other building, is to widely throw open doors and windows. As the system is already prepared for a "cold," this is, to many of the occupants, the usual result of such a proceeding; it is also a great and unnecessary waste of heat. But if the doors and windows be kept closed, the same persons will perhaps faint away, or take cold whenever they expose themselves by venturing out, or perhaps without any exposure whatever. It is said that a controversy once arose between two women in a railroad car, concerning the opening of a window; one insisted that if it were raised it would cause her death, and the other said she would certainly die of suffocation if it were not raised. Finally, an excited fellow-passenger besought the good conductor to raise the window and kill off one of the women and then close it and thus kill off the other woman.

Soldiers on duty are not liable to sickness from exposure to the

weather, because they are accustomed to inhale the pure, out-door air; but when obliged to remain in-doors a quarter part of the time, they are as susceptible to the influence of atmospheric changes as other people.

In a crowded, unventilated room, one will soon begin to feel dull and drowsy, and incapacitated to perform mental operations of any kind; he will possess no elasticity of mind or body, and will soon complain of a dull, heavy headache. Perhaps, as a consequence, he will have an attack of fever, which will be attributed to misfortune, or the inscrutable ways of Providence; when, by the exercise of a little common sense, he might have avoided all unpleasant results. Nature has provided us with a vast ocean of blue, ethereal atmosphere, intending that we should use it without stint during the brief period of our life. There is no tax nor expense attending its use. Many things useful or desirable cost something. Good air alone is freely and abundantly furnished to all. We do not even have to go in quest of it. It is almost the only article of prime necessity which is not monopolized by the cupidity of man, and it must be our own fault if we fail to get our due proportion of it. The quantity required by each human being in an ordinary lifetime, if estimated in cubic feet, would be almost incredible. To breathe foul air is to violate one of the most important laws of life and health. It cannot be done with impunity any more than we can expose a hand to a flame without suffering the consequences of such a foolish act.

The most common and one of the most deleterious constituents of impure air is carbonic acid gas. This gas is a product equally of combustion and respiration. During every act of expiration it is exhaled from the lungs. It abounds in coal mines, and is a product of gaseous explosions so often fatal to miners. It is produced in a pure state by the combustion of charcoal. Almost every one knows that fatal results frequently follow the burning of charcoal in a close room. Precisely such a poisonous gas is produced by respiration in a close room. A lecturer to a large audience once asserted, that there was probably enough carbonic acid gas produced during his lecture, to fill the room four feet high, and actually proved it by the test of a lighted candle. He also dipped it out of the room by the pailfull.

Carbonic acid gas is heavier than common air, and will therefore remain at the bottom of the room, unless forced out or allowed to flow out. It is not inclined like heated air to rise through a flue, but will flow like water into a well or cistern. To test its presence, introduce a lighted lamp, and, if the quantity be considerable, it will readily be extinguished. A vent-hole at the top of a room does not dispose of this deadly poison. And any so-called system of ventilation that does not secure this desired end, is equivalent to no ventilation at all. But in this cold climate, for full nine months in the year, some means are required by which we can simultaneously warm and ventilate our dwellings, churches, school-houses and public halls. Thorough ventilation and an economical use of heat are demanded, fuel being now an important item of expense.

A room may be heated by radiation, as from a stove, grate, fire-place, or steam-radiator. But by radiation, the upper stratum of air in the room, near the ceiling, will be from ten to twenty degrees hotter, than the lower stratum near the floor. This state of things is evidently very detrimental to health, and induces a determination of blood to the brain.

An old fashioned fire-place secures a certain degree of ventilation, especially when there are plenty of cracks, crevices and vent holes in the walls to admit the requisite quantity of fresh air. But nearly all the heat escapes with the smoke through the chimney. The only comfortable place will be near the fire, and then while half the body is roasted, the other half freezes. If the room be tight, while the heated air ascends in the central portion of the flue, an equal proportion of cold air will descend externally, to restore the equilibrium. One objection to a fire-place is, that it involves a great waste of fuel, another is, that since the country has been cleared up and thereby rendered colder, it is insufficient for the purposes of warmth and comfort. Grates are usually too high above the floor, to well subserve the purpose of ventilation; and a tight stove or steam-radiator gives no ventilation at all except by doors and windows. The apparatus for the latter is very expensive, and steam-heating is by no means economical, though it may answer very well in this respect, in a factory or steamboat, where there is plenty of waste steam. One fine, new building in this city, with twenty odd inmates, is heated by steam, and poorly at that, for they complain bitterly in cold weather. The cost of fuel alone, to say nothing of the fireman, is $460 a year, averaging about twenty dollars for each person, which is certainly not very economical, and the odor of the halls often reminds one strongly of an old hospital, where the doors and windows only are used for ventilation, and this, in spite of numerous vent-holes in the upper portion of its walls. We have also a fine high school building furnished with vent-holes and steam-heating apparatus in the same manner, and with precisely the same results. In this building there is a yearly consumption of 110 tons of coal.

The best and cheapest plan to simultaneously warm and ventilate buildings is doubtless the Ruttan system, which was patented some years ago. The patent has now expired. The right to adopt this plan in any building, formerly cost from twenty-five to $100; it is now free to all.

This plan consists of warming a house or room by convection or the diffusion of heated air, conducted into the room usually from a furnace or heater below. The furnace is constantly supplied with fresh air from without, in such a manner that the cold air is brought into contact with the heating surface, and thus thoroughly warmed before it is allowed to enter the room. A waste-air flue may be constructed independently of the smoke flue, extending from the floor or base-board of the room, up through the roof, where it is supplied with the proper covering to exclude the weather. The size of this waste-flue and register must correspond with that of the hot air conductor.

When the fire is built in the furnace, a powerful current of air rises from the hot-air register with sufficient force to carry upward a newspaper, as it ascends toward the ceiling. Here it rapidly displaces an equal amount of cold or vitiated air, which is forced downward through the waste-air register, and thence upward through the flue. Place a newspaper near this register and it will be carried forcibly towards the flue. Thus the cold air, carbonic gas, which is constantly reproduced, smoke or any other impurities are discharged through this flue, while the temperature of the room is remarkably equalized. There may be no more than from three to five degrees difference between the temperature of the room near the ceiling and that near the floor. The occupant feels refreshed and exhilirated, and he is not subject to attacks of severe headache, dullness nor determination to the brain, attended with cold feet. All this is done with less consumption of fuel than would be used by any other mode of heating and ventilating. One large house in Danforth was warmed last year on this plan by a consumption of only four tons of coal, whereas by the ordinary methods a considerable larger amount would have been used. One peculiarity of this plan is, that the ventilation proceeds in precisely the same manner after the fire is extinguished and the rooms become cool.

Any stove may be made to answer in place of the furnace, by admitting the fresh air through the floor under the stove and bringing this cold air in contact with the heated surface, by surrounding the latter with a zinc or sheet iron apron, placed a few inches distant.

By this mode of warming and ventilating, I have known a large cold room, in the coldest winter weather, to be comfortably heated by an ordinary furnace fire, in the short space of fifteen or twenty minutes.

Buildings are thus made to ventilate themselves, and within them the most sensitive olfactories can perceive no unpleasant odor. Bed-rooms so ventilated will have a fresh and sweet odor, and no doors nor windows will need to be thrown open. By such ventilation asthmatic subjects will breathe more freely and easily than by any other.

When there is a cold air register through the floor communicating with the furnace-room, the hot air enters the room, while the cold air is displaced and forced down to the furnace, thus restoring the equilibrium. It is there reheated and again conducted into the room above, and so on *ad infinitum*, with no ventilation whatever, the same foul air being used over and over again.

Our churches, school-houses and public halls, generally, have vent-holes at the ceiling to allow the pure, warm air to escape unutilized, and to retain all the deleterious carbonic acid gas near the floor. Our churches and session rooms can scarcely be warmed without causing some sensitive lady to swoon, because she cannot bear to inhale large quantities of carbonic acid gas.

Barbarous tribes build their huts with an aperture at the apex, for the escape of smoke and heat together, while the fire is built on the ground near the center of the inclosure. Our modern ventilation is

not much superior, except that it disposes of the smoke more effectually.

One of our new churches recently attempted to adopt the new system of ventilation, but made a perfect botch of it by adding four immense vent holes in the ceiling over the gas-light reflectors, fancying that these were necessary to procure a good gas-light, and not realizing that the first plan provides all the oxygen necessary for combustion as well as respiration. It will probably cost a small fortune to keep that church warm during the winter.

The same error was repeated in at least one of the city school-houses, by having vent holes near the ceiling. Thus, without adequate ventilation, seven hundred abused specimens of budding humanity are here incontinently crowded in one school-house, and that not of very great dimensions, and forced to keep absolute quiet and preserve grave decorum, so contrary to childish glee.

The same remarks may be applied with more or less appropriateness to all the other city school-houses. Many children are obliged to quit school, because, while there, they are constant sufferers from headache, or rather the poisonous effects of deadly carbonic acid gas. Our badly ventilated school-houses are not much better than charnel houses for our children, who would doubtless be better off in the end, without educational drill, if they could only thereby be blest with buoyant spirits and rosy health."

Dr. Clary.—Dr. Miller has drawn somewhat on his imagination; he speaks more from theory than practice; I have tried different modes of ventilation, but at last have gone back to fire-places, grates and furnaces. I do not believe there is any ventilation equal to the fire-place. With regard to schools, I do not believe half I hear about children suffering from lack of ventilation; they do not study half as hard as they used to. In public buildings people suffer more from cold than impure air. The subject of ventilation is very simple, and is generally good in the best houses.

Dr. Hawley.—Ventilation is not understood by the people. Practically, the high school building cannot be ventilated without letting in cold air, and thus chilling the scholars. The subject is simple when conforming to the principle of warm air rising to the top.

Dr. Boyce.—This is the theory for ventilating furnaces. I would like some theory in regard to radiating stoves.

Dr. Hawley.—Ruttan's system of ventilation is the best. A house cannot be ventilated with small chimneys. Stoves, as they are now constructed, do not afford proper ventilation for a room.

The subject was continued under discussion, other physicians participating.

Adjourned to meet at two o'clock in the afternoon.

Afternoon Session.

Dr. Spooner reported a case of poisoning by morphine, six grains mixed with two ounces of laudanum; treated with nux[3]. After taking the medicine, the patient was restored to consciousness, and

then, refusing to take any more medicine, relapsed into coma and stertorous breathing as before. This result occurred three times successively, the patient, while comatose, taking medicine until restored to consciousness, and then, refusing to take medicine, relapsed into coma again. Patient was cured in twenty-four hours. (See page 235.)

Dr. Mera reported a case of fistula cured by three doses of arsenicum[2c]. This was a case of ten years' standing. Symptoms were: Great despondency; chills running up and down the back; relief from heat; large purple swelling on right gluteal muscle; great aggravation of pain after the third dose.

Dr. Stow reported the following cases:

Case I.

Intermittent fever cured by ignatia[2c], two prescriptions, after ignatia[30] had failed. Indications: chill at half-past eight A. M., with great thirst and desire for heat.

Case II.

Babe, suffered from ague two weeks; cured by ignatia.

Case III.

A child suffering from ague, was cured by chimaphila[6]; two prescriptions. Symptoms: Pale face and lips; albuginæ, yellow; tongue, dirty-white or yellow; complained of being tired; chill every other morning at eight or nine o'clock, lasting an hour, then heat with thirst, headache, giddiness, etc., for two hours, then sweat and afterward thirst; vomiting of bile after chill and before the heat.

Case IV.

A young lady, aged twenty-three, had suffered for two weeks from metorrhagia, profuse bright-red blood; no pain; anæmic; pale face and lips: great debility; much thirst. Two prescriptions of chimaphila[2c] cured the case.

Case V.

A lady, aged forty-four, had suffered for years from psoriasis inveterata, with dry, scaly eruption on the dorsum of both hands; intense itching when warm; after scratching relief followed by burning and at times bleeding; at night, when in bed, feet burn; is obliged to put them in a cool place. This case was cured by one dose of sulphur.

Dr. Mera, of Rochester, reported several cases, among which was one of apparent hydrophobia. Inquiry showed that the patient had not been bitten, except by a cat, which was not mad. Belladonna had removed all difficulties, though she was still not entirely recovered.

Some thought it was not hydrophobia, while Dr. Stowe thought there might be cases of that disease without being bitten, though rare.

Dr. Miller reported a case of deafness, of over twenty years standing. The disease was supposed to be hereditary. The patient suffered with heat and a heavy pressure upon the top of the head, with soreness of the brain, extending down to the inner ear, from which she was seldom free; sulphur^{2c}, four powders, was administered for two weeks, with but little if any improvement. Then administered sulphur^{6m}, one dose, with immediate relief from soreness and pressure at vertex, and complete restoration of hearing in left ear. The hearing in right ear was gradually restored. The patient has been well since; hearing perfectly well, except when suffering from the effects of a severe cold, then, for a short time, it was somewhat impaired.

Dr. Miller also reported another similar case of deafness in one ear, cured by sulphur.

Dr. Spooner related a case of purulent ophthalmia, cured by aconite and sulphur, the thirtieth and two hundredth potencies.

Dr. Stow related a case of headache, aggravated by the least motion, cured by bryonia^{2c}, one dose.

Dr. Hawley reported a case of ague, with chills, cured by spigelia^{x}.

Dr. Miller read a paper on "Stimulants and Narcotics, their Popular and Empyrical Use," showing the fallacy of using them, and urging that they could nearly always be superseded by medicines. He claimed that physicians were blamable for administering them.

A discussion on the subject followed, which was participated in by Drs. Boyce, Hawley, Stow, Wells, Clary, and Bigelow.

Dr. Wells argued strongly against their use, and related some incidents in his practice, claiming that they had a tendency to lead to intemperance, and said there was a moral responsibility resting on physicians, which they could not escape.

Drs. Hawley and Bigelow could not give any case where they had ever afforded any relief.

Dr. Clary had used them to some extent, but not as a rule, because he was afraid of making drunkards. He had seen men in this city die of delirium tremens who had taken alcohol for incipient consumption.

Dr. Hawley thought the physicians were all agreed as to the temperance aspect of the case, but the question was whether it should be used homœopathically. As for himself, he would rather his patients should die from the want of stimulants, than to make them drunkards.

Dr. Stowe offered the following preamble and resolutions:

Whereas, Alcoholic stimulation is a great and crying evil, and is causing more crime and pauperism than any and all other habits, and

Whereas, The common medical practice of administering or advising alcoholic spirits has been, and is notoriously customary, and without doubt is productive of much intemperance, and is a great stumbling block in the way of the weak, and is a subterfuge for thousands, therefore,

Resolved, By this society that the empirical use of all alcoholic spirits is disastrous in the extreme, unscientific, and when used they must be used in accordance with homœopathic principles.

The resolutions were unanimously adopted.

The society then proceeded to the election of officers, for the succeeding year.

Adjourned to meet at the same place, September 21, 1871.

September Meeting.

The first quarterly meeting of the Central New York Homœopathic Medical Society, was held at Dr. Hawley's office, September 21, 1871, opening at ten A. M. The president elect being absent, Dr. Schenck was appointed temporary president.

The minutes of the last meeting and treasurer's report, were read and accepted.

Drs. Clary, Benson and Wallace, were appointed committee on credentials.

Drs. J. T. Greenleaf, of Owego, and A. H. Marks, of Brewster, were duly elected members.

Dr. Spooner, on arriving, assumed the chair and delivered an inaugural address.

Dr. Miller read a paper entitled "Prerequisites to success in the Healing art," which was followed by a general discussion of fundamental principles.

Drs. J. Ball of Cortland, and J. Bass, of Cazenovia, were elected members.

Dr. Stow submitted a valuable paper on ague, giving his plan and experience, adding indications and clinical cases.

Dr. Miller read a paper on the same subject, with cases.

Dr. Hawley, during six years practice, had cured all cases of ague, with homœopathic remedies, entirely discarding quinine. He invariably depended on a single dose of the two-hundredth potency, to effect a cure. If it failed to make a favorable impression, he reviewed the case and prescribed another remedy. He reported a recent case of ague cured by nux.

Dr. Stow had, for several years, discarded quinine.

Dr. Boyce stated that he had good success with natrum mur^{2c}, in the treatment of ague.

Dr. Wells reported a case of ague cured by veratrum and natrum mur.

Dr. Gwynn stated that he was most successful with a high potency of natrum mur., but often used quinine.

Dr. Southwick said he was most successful with natrum mur.

Dr. Wallace stated that he had cured nine out of ten cases, that had been treated unsuccessfully with quinine.

Dr. Clary stated that he cured about one-half of his ague-cases with homœopathic remedies; the other half he treats with four one grain doses of quinine, and then prevent a relapse generally, by giving nux and arsenicum.

Dr. Dada reported a case cured by eupatorium perf., guided by the time when the chill commenced.

Dr. Boyce stated that it was legitimate for homœopathists to use

quinine, for, through the agency of this remedy, Hahnemann, discovered homœopathy.

Dr. Ball reported a case of suppression of ague by quinine, cured by natrum mur. and chimaphilæ.

Dr. Boyce stated that he had known ague to remain latent in the system fifteen years.

Dr. Clary said he had known it to remain latent six months. He reported a case of esophagitis with suppuration and ropy expectoration, nearly cured by kali bichra.[2c]

Dr. Stow reported a case of uterine fibroid.

Dr. Chaffee reported two surgical cases.

The secretary submitted a very valuable paper by Dr. Frost, on that obscure but interesting subject, "Tubercular Meningitis."

On motion, Dr. Frost's paper was accepted, and the thanks of the society tendered him. He was requested to furnish the therapeutical portion.

It was decided to propose uterine diseases for discussion at the next meeting, and papers relating thereto were requested of Drs. Dada, Raymond, and Boyce.

Adjourned to meet at Dr. Miller's office, December 21, 1871.

CVIII.

Report of the Northern New York Homœopathic Medical Society.

Organized 1859. Embraces the counties of Washington, Warren, Rensselaer, Saratoga, Albany Schenectady, Fulton and Montgomery. Annual meeting second Tuesday in July.

Officers, 1871.

President.—Dr. E. D. Jones.

Vice-President.—Dr. S. J. Pearsall.

Secretary and Treasurer.—Dr. A. W. Holden.

Corresponding Secretary.—Dr. E. S. Coburn.

Censors.—Drs. D. H. Bullard, T. J. Pettit, J. H. Mosher, H. M. Paine, Z. Clements, F. L. Vincent.

Delegates to the American Institute of Homœopathy.—Drs. T. E. Allen, and T. J. Pettit.

Proceedings of Annual Meeting.

Pursuant to adjournment, the Homœopathic Medical Society of Northern New York assembled at the Columbian Hotel, in Saratoga Springs at ten o'clock A. M., on Tuesday, the eleventh of July.

Dr. Cornell, of Moreau, was elected chairman *pro tem.*

Delegates were present from Albany, Montgomery, Washington, Saratoga and Warren counties.

The minutes of the last meeting and the treasurer's report were read, accepted and adopted.

The amendment to the constitution proposed at the last meeting, was, on motion adopted.

Dr. T. J. Pettit, of Fort Plain, Montgomery county, being president of the society, assumed the chair and presented his inauguration address.

Drs. Jones and Randall, of Albany, were proposed for membership, and after the usual reference, were duly elected.

Dr. John F. Gray, of New York city, was proposed for honorary membership, and elected; after which, being introduced to the society, he tendered his thanks in a few felicitous remarks for the honor conferred. Subsequently he submitted a verbal report to the society, concerning the bill by which a higher grade of medical diploma should be established; the bill having been unanimously passed by the Legislature, but vetoed for technical reasons by the Governor.

The society then proceeded to the election of officers for the succeeding year.

The president then delivered the customary annual address, an exceeding able and interesting paper, a copy of which was requested for publication in the transactions of the State Society. (See page 92.)

Dr. Cornell, of Moreau, called attention to the original design and scope of this society.

On motion of Dr. Paine, a committee of three, consisting of Drs. Pearsall, Cornell and Holden, was appointed to draft resolutions, to be submitted to the afternoon session, expressive of the sense of the society regarding the action of the State Society upon the question of a higher grade of medical scholarship.

Dr. Paine presented a report of action taken by the Albany Medical Society toward securing a department in the city hospital of Albany.

Dr. Cornell offered some remarks, advocating one continued effort and struggle for equal rights and privileges with other schools of medicine.

Dr. Paine spoke at length of a proposed medical department in a college about to be organized at Syracuse, N. Y., and the importance of securing one or more chairs of homœopathy in that school.

The attention of the society was also called by the same gentleman to a new remedy for carcinoma.

A letter from Dr. Carroll Dunham was read, regarding the use of the same remedy and some provings of its use.

The following preamble and resolution, offered by Dr. Cornell, of Moreau, was unanimously adopted:

Whereas, It has been reported that the Cornell Institute at Ithaca proposes, at no very remote period, to establish a law and medical school, and

Whereas, It is further reported that a department of medicine is about to be added to the college at Syracuse, New York, therefore,

Resolved, That a committee of three be appointed to present to the State Society, at its semi-annual meeting, the importance of urging the claims of homœopathy upon the officers of these institutions, to the end that a chair of homœopathy may be established in each of these schools.

Drs. Cornell, Bullard and Paine were appointed such committee.

Dr. T. E. Allen, of Saratoga, presented an interesting case to the society, for examination, diagnosis and advice.

The committee appointed in the morning reported the following resolution, which was unanimously adopted:

Resolved, That we fully indorse the provisions of the form of an act, adopted at the late annual meeting of the State Homœopathic Medical Society, which has for its object the elevation of the standard of medical education, and that we recommend the adoption of such measures as may give it legal effect.

On motion, adjourned to meet in the village of Saratoga Springs, at ten o'clock A. M., on the second Tuesday in July, 1872.

PART III.

NECROLOGICAL REPORTS.

CONTENTS.

CIX. Biographical Sketch of Josiah Bowers, M. D. By B. F. Bowers, M. D.
CX. Eulogy on J. L. Stoddard, M. D. By B. F. Cornell, M. D.
CXI. Biographical Sketch of Durffee Chase, M. D. By A. P. Throop, M. D.
CXII. Biographical Sketch of James Berry, M. D.
CXIII. Biographical Sketch of H. C. Hubbard, M. D. By F. Hubbard.
CXIV. Biographical Sketch of H. S. Benedict, M. D. By J. M. Cadmus, M. D.
CXV. Biographical Sketch of Charles C. Foote, M. D. By E. T. Foote, M. D.
CXVI. Biographical Sketch of H. B. Gram, M. D.
CVII. Biographical Sketch of Arthur Lutze, M. D. By Herman Muhr, M. D.

CIX.

Biographical Sketch of Josiah Bowers, M. D.

By B. F. BOWERS, M. D.

Josiah Bowers, M. D., was a native of Billerica, Mass. He commenced the study of medicine with the late Dr. Gordon, of Hingham, Mass.

For several years he was the private pupil of the late Prof. Nathan Smith, of New Haven, and was in the habit of assisting him in his surgical operations.

He also assisted Prof. Knight in the dissections for his lectures on anatomy. He took his medical degree at New Haven, in the year 1816.

Prof. Smith being called to operate on the late Judge Woodhull of Setauket, Long Island, for stone in the bladder, took his favorite pupil with him, who with a fellow student, the late Dr. Joel L. Griffing, remained in charge of the patient until his recovery.

Dr. Griffing settled at Setauket.

Dr. Bowers was invited to settle at Huntington, Long Island, where he immediately went into an extensive practice with gratifying success as a physician, and a reputation in surgery which gave him almost a monopoly of the surgical practice in that part of the country.

About the year 1821, Dr. Griffing having determined to leave Setauket, Dr. Bowers removed to that place, at the urgent request of numerous friends, where he practiced for a number of years, and then removed to Smithtown.

He was well known in Queens and Suffolk counties, and perhaps more generally, throughout Long Island, than any other physician. Wherever he was known he gained the public respect and confidence, and the reputation of superior skill was unanimously awarded him.

In his ministrations to the sick he was prompt, attentive, kind, ever more anxious to relieve his patient, than to obtain his fee. To the poor his services were cheerfully given. He did much good as an advocate of temperance.

Patriotic in his feelings, public affairs deeply interested him. He was influential in politics, and did much to promote the ascendancy of whig principles.

He was appointed surgeon of the regiment, of the brigade and of the division, of the militia of his district; and also one of the commissioners for the county of Suffolk, for loaning the money deposited with the State, by the United States.

When about fifty years of age, while enjoying the entire confidence of his patients, and having as much practice as he was willing to

attend to, he made trial of homœopathy and adopted it on his own experience of its superiority.

The people, who believed in the doctor, and knew little about medical theories, were pleased to find that he had wonderfully improved, for his treatment was pleasant, and he cured them more quickly. He was one of the original members of the American Institute of Homœopathy, and a vice-president of the Homœopathic Medical Society of the State of New York. He had great influence in introducing and upholding homœopathy; for the physicians, with whom he had long been an acknowledged authority in medical matters, could not now very successfully denounce him as an ignorant pretender.

In the year 1850, he opened an office in New York, and had an extensive practice in this city and Brooklyn.

About ten years before his death, becoming tired of the labor and exactions of city practice, he retired to his native place, to spend the remainder of his days in the cultivation of his farm.

He sometimes wrote poetry, and the following lines written for a friend, whose eldest son was lost in the Pacific, may be taken as a sample.

The mourner sits alone,
O'erwhelmed in mute despair,
And bows before the throne
In agony of prayer.

She calls for her lost child,
Demands him of the sea,
And cries in accent wild,
God give him back to me.

In vain she strives to pray,
"Thy holy will be done!"
Her heart can only say,
Oh, give me back my son.

He was my chiefest joy!
My solace hope and pride!
Oh, God, protect my boy;
Restore him to my side.

Oft in the sleepless night,
And through the joyless day,
He comes to mock her sight,
Then instant flits away.

And oft she seems to hear
His voice, within the hall,
And on her startled ear
His well-known footsteps fall.

Illusive all! that face
No more may bless her sight,
Nor more his fond embrace,
A mother's heart delight.

But down her pallid cheek
The silent currents roll,
And bursting sighs bespeak
The anguish of her soul.

Balm for the broken heart!
Peace for the tortured breast!
May God his grace impart,
And give the mourner rest.

One who knew him intimately during the latter part of his life, writes thus:

"Dr. Bowers' mind was of such a cast as brought him into sympathy with the most progressive and liberal form of religious thought. He was an influential member of the Unitarian society; ever ready to serve and promote its interests. Religion was to him, in a marked degree, not a creed, a ceremony or a profession, but a life. All matters of philanthropy, reform and education, found in him an earnest friend. Every true interest of the community, and of humanity at large, was an object of his thoughtful regard, and was aided by his counsel and efforts. He was among the earliest advocates of the cause of temperance in New York, and continued his zeal in that and all kindred subjects as long as his strength allowed. And it was a striking and beautiful characteristic of his latter years, that he retained, undiminished, his interest in all that concerned the society with which he was connected, the community or the nation;

"His spirit ne'er grew old."

His last sickness was one of much suffering, but was borne with a patience and composure of spirit and clearness of intellect rarely equalled. His life-long faith in the doctrine of God's love, and in death as the birth of the soul to a more perfect state, sustained him to the end; and the recollection of his closing hours will long be to his friends as an inspiration to hope, and a testimony to the principles and views to which he gave his support in health, and from which he found comfort in sickness and death.

In the community in which he lived, and where his memory will be cherished with much respect, may others be led to gird themselves to do the work he has been called from; and may his bereaved widow and large and widely scattered circle of relatives and friends find consolation in the thought of a life so true, a sickness borne with such Christian resignation, and a death so full of trust and immortal hope.

"Life's duty done, as sinks the day,
Light from its load the spirit flies,
While heaven and earth combine to say,
How blest the righteous when he dies."

He sleeps with his fathers, and the spot where he lies is marked by a stone, bearing this inscription:

Josiah Bowers, M. D.,
Born September 1st, 1791; died November 7th, 1868.
The true physician, skillful and prompt to relieve the suffering; the firm upholder of the right; the bold defender of the oppressed; the advocate of reform; the philanthropist, patriot and Christian; he lives in our hearts.

CX.

Eulogy on J. L. Stoddard M. D.*

By B. F. CORNELL, M. D.

MR. PRESIDENT.—Since the formation of our society till the last year, we have not been called to mourn the loss of any of our number by death. This last half year has been to us peculiarly solemn and afflicting; not only has the father of homœopathy in this district, but one of the younger brothers (Dr. Bryan) has been summoned to attend him on his journey. From my intimate acquaintance with the latter, Dr. Joseph L. Stoddard, it seems proper that I should pay this last tribute of respect to his memory, and briefly rehearse some of the struggles and triumphs that make up the history of his life.

The subject of these remarks, was born in the town of Moreau, Saratoga county, in the year 1817, of respectable parentage, but in humble circumstances. My acquaintance with him dates back thirty-four years, when, for a few months, we sustained toward each other the relation of teacher and pupil. I commence back at this early period of his history, not because there were any striking evidences of precocity to distinguish him from others of his age; yet there were some peculiarities which all who have known him in mature manhood will recognize there developed.

I remember him a diffident, retiring, sedate, candid, truthful and reliable boy, but little given to the mirthfulness and hilarity of his fellows, and seldom mingling with them in their sports and pastimes. From this time till 1840, I knew but little of him, but since that period his history has been familiar to me. The gap in our acquaintance has been filled up mostly, by communication from himself. He informed me, that at a suitable age he was apprenticed to learn the trade of a cabinet-maker, in the village of Palmyra, Wayne county, in this State. He continued in this occupation until about eighteen years of age, when sickness compelled him to suspend its further prosecution. His disease was called by his physician dyspepsia, but which I recognize as a link in the chain which bound him to the car of death.

During the two years that he was unable to follow his usual occupation, he spent much time with his physician, rendering such services as were required to pay his expenses. All spare time was devoted to investigating the science and mysteries of the healing art.

His health becoming partially restored, and not having the means of prosecuting further his scientific investigations, he returned to his former occupation, and in 1838 removed to, and established himself in business as a cabinet-maker, in Glen's Falls, Warren county, N. Y.

*Delivered before the Homœopathic Medical Society of Northern New York, at its semi-annual session, at Saratoga Springs, July 25, 1860.

Renewal of labor brought on renewal of disease (whose seeds were planted in his system before his birth), and being no longer capable of prosecuting his business successfully, his pecuniary circumstances became straightened and embarrassed.

This was the darkest hour of his life. With a family dependent on him for support, and without the physical ability to endure close confinement at labor; and to add to his trials, his neighbors were divided in opinion as to his case, the more charitable giving him full credit for intellectual ability; while much the larger number claimed that his ambitious prentensions to mental improvement, and efforts to elevate himself in the social scale, were only a screen for indolence, which but served to arouse the envy and jealousy of his opponents and calumniators. Let the sequel show which were correct.

Although the body was weak and feeble, the mind was active; he read and wrote much; he investigated all the new sciences of the day, but his favorite studies were metaphysics and theology, and but few could be found in this rural district, who gained many laurels, by coming in contest with his well disciplined mind. While his close study and investigation continued, disease relaxed not its grasp; its boundaries were extended, and severity increased. The spine became involved in the general wreck, severe, continued and distressing pain in his head was the result, from which he could find no relief, and which continued until a spasmodic fit of an epileptic character alarmed himself and family. At this time, 1847, he came under my more immediate observation. Having been some three years testing the truth of homœopathy, then beginning to be the common receptacle of the hopeless and abandoned cases of allopathic school, his case, among others, was brought to my mill to be manufactured over. It has ever been the cause of much gratification and satisfaction, that with my short acquaintance with him, and imperfect knowledge of our science, he was restored to his health under my treatment.

There seemed to be something providential in this. It opened to his mind a new field in science to be explored; and his unsatisfied and restless intellect seized hold of it with his usual avidity, and he besought me to furnish him books and direct him in his studies. I acceded to his request, and also furnished him with a few of the remedies in most common use as a nucleus for a homœopathic pharmacy, from which he hoped to derive something toward the support of his family while he prosecuted his studies. From this small beginning he enlarged and extended till, at the time of his death, he had perhaps the most extended assortment of remedies of any physician in our society.

He commenced a regular course of study, in which he found his former reading of much benefit; and although he examined carefully all the branches of the profession, his mind found in the science of homœopathy a peculiar charm. Hahnemann was his medical standard of perfection, and he lived and died firmly his disciple. Not having the means to pursue a regular academic course,

he was never a graduate or licentiate. His education was purely practical and experimental, yet his knowledge of the science would compare favorably with many who had all the advantages he was denied. Although against the established rules of our society to admit any but graduates or licentiates. I procured a relaxation in this case, and succeeded, while the society was in its infancy, in getting him admitted to membership. I appeal to these brothers present to indorse the assertion that he has never disgraced our society. His mind was constantly grasping after something new; and I unhesitatingly assert that no physician of my acquaintance kept up so fully with the homœopathic literature of the day, or in whose possession could be found so many of the newly tested remedies. He could not rest till he had in his possession every new publication and periodical, even if he had to sacrifice domestic comfort to obtain it. I have frequently reproved him for trusting to remedies of unestablished reputation, while he had a score of others on which he could rely with certainty. Yet it is to this class of minds that we as a profession are under the greatest obligation.

It was by this process of investigation, that our system was discovered and established by the immortal Hahnemann, and by it our materia medica is filling up with the most important remedies.

Thus for twelve years he continued to read, and practice, till he rose, by his unaided energy, from the obscure occupation of a cabinet-maker's apprentice, in the face of the most violent and malevolent opposition, to the confidence and patronage of a large portion of the most respectable inhabitants of Glen's Falls and vicinity, and when stricken down was engaged in a highly respectable and remunerative practice.

He was a faithful, kind, indulgent son, husband and father; a temperate and truthful citizen, and a humble and fervent Christian. As such, his loss is deeply deplored in the region of his usefulness.

CXI.

Biographical Sketch of Durffee Chase, M. D.*

By A. P. THROOP, M. D.

Dr. Durffee Chase was born in the town of Swansea, Massachusetts, January 24th, 1793. He was the eldest of ten children. While yet a child the family moved to Oneida county, New York, where they remained until 1801, when they removed to Rutland, Jefferson county, where they resided until 1812, in which year they came to Palmyra and settled.

The patriotic instincts of young Chase led him to take up arms against Great Britain, in the war then pending. At its close he laid aside the sword for the student's gown, and entered the office of Dr.

*Died January 10, 1872.

Gaine Robinson, an eminent practitioner of the old school, and at that time president of the Ontario County Medical Society.

At the expiration of four years he graduated in 1818, and entered at once upon the practice of his chosen profession, remaining in the ranks of the "old school" for twenty-three years.

As he was one of the pioneers of homœopathy in central New York, and his conversion forms a part of its early history in that section, an extract from his own narration of that conversion, given by request to the Wayne County Homœopathic Medical Society in 1864, at which time he was president of that society, will not be out of place here:

"In the year 1840, a relative of mine who had been visiting in the city of Hudson, New York, for several years, and who was familiar with the conversion of Dr. George W. Cooke, of that place, from allopathy to homœopathy, visited me and tried to induce me to look into the new system of Hahnemann. I had at that time seen no true theory of this new practice, and no allusion to it in the medical literature of the day, except slurs upon it, and the oft-repeated declaration that it was a 'stupendous piece of quackery.' I ridiculed it as much as anybody, but my friend was persistent, and during a whole year he did not fail to improve every opportunity to induce me to *try* the new system. Weary of his importunities, and somewhat exhausted in my stock of ridicule, I finally yielded so far as to promise him if he would bring me a copy of the Homœopathic Materia Medica I would examine it.

"He brought me a copy of the first volume of Hull's *Jahr*, the second volume having not yet been published.

"At first, I could not understand it, but after I did begin to see into it, somewhat, I became very much interested in it.

"I studied this volume faithfully, but secretly, consuming the midnight oil over it, for more than three months. During the latter part of these three months, I studied it very hard. I had it in my hands at every leisure moment.

"I then told my friend if he would procure a few, I believe I specified six, of the principal remedies, I would try them.

"He, in turn, called on the kind hearted Dr. Cook, who sent me a case of about seventy remedies, and a small domestic book.

"At the time I received the remedies, I was suffering from an attack of pleurisy, to which I was very subject. I began immediately to take the remedies, according to the book, as I understood it, and, to my great astonishment, I experienced almost immediate relief."

Having first, with what seems to have been the intuition of a natural-born homœopathist, experimented, not upon his weakened patient, but upon himself, and with such splendid results; he tells next, how, with the true spirit of a homœopathic apostle, he carried the medical gospel of Hahnemann to a relapsed case of typhoid fever, that had been jointly attended by himself and an eminent colleague in the old school, who, for strictness, was a Pharisee of the Pharisees. The colleague had attended the typhoid case alone, during Dr. Chase's attack of pleurisy, and had given up the case to die.

The narrative continues: "I called on the typhoid patient as soon as I was able, and directed the removal of all the medicines he had been taking. Returning to my office, I secretly prepared three globules of aconite in six table-spoonsful of water in a large vial, and then ordered a spoonful every three hours, till I called in the evening. At night I found the patient much better. The fever had subsided, and he was in a mild but general perspiration, though consciousness had not returned.

"I now discontinued the aconite, and preparing nux vomica in a similar manner, gave a table-spoonful every four hours.

"Calling early the next morning, to my great surprise and gratification, I found my patient perfectly sensible. After a pleasant conversation with him, I left until evening, when I found the patient still improving. Preparing the nux vomica again, I now ordered the same dose, but only three times a day. When this was all taken I discharged my patient cured." * * *

"Other cases of equal interest and like success, served to confirm me in this new and true system." * * * *

"The success and fame of the new system went on increasing and, as might have been expected, it began to meet with all sorts of persecution. This, however, only served to extend the fame and enlarge the sphere of its benign influence. A number of physicians, twenty or more, came to Palmyra and studied, and afterwards practiced the new system.

It is now over twenty-three years that I have been in the practice of homœopathy. I have no reason to change, but many reasons to think that it will go on increasing and spreading, until there is no practice but the system of homœopathy."

The above bit of personal history is extracted from an article on "The Early History of Homœopathy, in Wayne county New York," dictated to an amanuensis, by Dr. Chase, in the year 1864. He had then almost reached his seventy-second year. It was not age, however, that had rendered him unable to write. It was paralysis of the right arm, the result of a very serious accident, that very nearly cost his life. This accident occurred in the heat of summer, soon after his return from a fatiguing search for his son, who had been wounded while fighting for his country, in Virginia. This search in its hardships and final success, recalls the similar experience of Dr. Oliver Wendell Holmes in hunting up his son, so graphically told in the *Atlantic Monthly*, for December, 1862.

Dr. Chase had not recovered from the fatigue and exhaustion of his journey, when, while sitting on the back seat of a wagon that was being driven rapidly over an elevated street-crossing, the unfastened seat tipped backward, and the doctor fell from the vehicle, striking on the back of the head, neck, and shoulders.

It seemed almost a miracle that a man of more than ordinary weight, falling in such a manner, should have escaped instant death.

To the writer, it seems one of the very strongest arguments in favor of that medical system that Dr. Chase practiced so successfully on himself as well as on others, that, although the injury to the

nervous centers was of such a character as to result in paralysis at once, yet he seemed to have recovered from that condition so far, as at times to have the full faculties of earlier years, and was enabled to ward off the combined effects of the injury and old age, for another decade.

The writer of this sketch was successfully attended by Dr. Chase during a very serious illness in his youth. This was the beginning of a life-long friendship on one side, and gratitude on the other. This gratitude never found so favorable an opportunity for practical expression as when Dr. Chase, himself stricken down by this accident, with no one to care for his practice, invited his former patient, now a physician, to come into his office in a partnership relation.

This invitation received a prompt acceptance. It was in this intimate relation that some of the best characteristics of Dr. Chase were discovered and admired.

The head and heart of his youthful patient had been won by his skill, and by his genial, sunny face that always beamed with benevolence and good nature. The esteem and admiration of maturer years were elicited by qualities and traits of character that could only have been discovered by one having intimate relations with him.

He was a modest man; for, though the intimacy of a confidential relation often unloosed his tongue, and drew from him marvels of richness in clinical experience, he never was given to flaunting his success before the public, or rushing into print the moment he had captured a new idea.

But though this was his personal feeling, he did not condemn the efforts of half-fledged tyros who hurried to tack up their successes in the pages of our medical journals, though these to him were milestones on the route of medical progress, that he had passed twenty years before. His benevolent thought seemed to be:

"Let the exuberant fermentation of youth work itself clear; it will be all the better for the process. If, as a result, crudities and impurities are thrown to the surface, and are shown to be such by deliberate investigation, the public will not be injured, while the individual will be benefited."

He was an industrious and careful student. His office always had some quiet nook or rear room, whose sides, lined with books, presented the appearance, and gave the air of a mental workshop, in whose thoughtful quiet were elaborated those plans of treatment that saved many a life, and preserved many a limb, and obviated many an hour of agony.

He was a medical Von Moltke, who, recognizing disease as an enemy, reconnoitered the field of battle at the bedside, studied the situation profoundly and in all its bearings, and then directed a plan of attack with a precision that tolerated no modifications, and that, usually, when he had an even chance, resulted as successfully as the battles of the great Prussian tactician.

The solid attainments of Dr. Chase, attracted the attention of his compeers in the State Medical Society early in its history, and in 1850 he was elected vice-president of that society. He was elected to this office a second time in 1852.

On the organization of the Wayne County Homœopathic Medical Society, he was chosen the first president. He was an accomplished parliamentarian, and always presided with distinguished dignity, and with fairness to all parties.

He was a man of remarkable purity of thought. This innate delicacy and refinement of feeling he cultivated and commended as a physician, and nothing would so rouse his indignation as the suspicion that a man bearing a diploma had transgressed in thought, word or deed the bounds of the most rigid propriety.

He was one of the earliest advocates and workers in the temperance cause, and proved one of the most zealous and active promoters of temperance. He was prominently identified with the several temperance organizations, and remained faithful and constant to the last.

Dr. Chase's name appears not only as one of the first contributors to the erection of Zion Protestant Episcopal Church, but at the head of the list of persons confirmed in that church, about forty years ago.

In his religious life, Dr. Chase was not loud in professions, but he was active in deeds. Like many of his profession, his was a religion of works, not words. He made more of a point of practicing than professing.

He never wholly regained the use of his right arm, after his severe injury. He did not retire from practice, however, till 1868. With that year, a half century of laborious country practice was completed. Twenty-seven years of this time, were spent in the practice of homœopathy. The early part of this period, when he first espoused homœopathy, he was, for a time, the persecuted victim of an unpopular cause; but no sacrifices, privations, or persecutions, induced him to swerve or falter in the path of what he deemed to be truth.

Local tradition tells of many a tilt, at that period, between him and the champion Goliaths of allopathy; but the little pebble from the brook of homœopathy, slung by his hand, brought down disease and the Goliaths together.

Since his retirement from practice, four years ago, the failure of his powers has gone on gradually and without pain.

His decline has come slowly and peacefully, rather than suddenly and violently.

A well-rounded, well-ripened life has faded and gone out like a bright star that has given its light lavishly all through the long night and then been absorbed in the golden glories of the morning.

CXII.

Biographical Sketch of James Berry, M. D.

James Berry, M. D., died at his residence in the village of Gloversville, Tuesday morning, March 8, 1870. He was born in the town of Mayfield, in Fulton county, on the 25th of December, 1809, and was at the time of his disease, in the sixty-first year of his age.

He commenced the study of medicine with Dr. Mitchell, in Northampton, at a very early period of his life—was a student of the College of Physicians and Surgeons at Fairfield, and also at the Medical Institute of Albany, in this State, and finally completed his studies at the Castleton Medical College, Vermont, where he graduated with full honors, and received the degree of M. D., in the year 1835. In 1836, Dr. Berry commenced the practice of medicine in Gloversville; the place at that time being a mere hamlet in comparison to the large and thriving town it has since become. After remaining here a few months, he removed to Riceville, in the town of Mayfield, where in 1840, he was united in marriage to the estimable lady who is now his sorrowing widow, and who, with four surviving sons, mourns his loss. At Riceville, he continued a successful practice for twelve years, when he removed to the village of Broadalbin. After three years residence in the latter place, he was induced, by the urgent solicitations of friends and patrons, to return to Gloversville, where he has since permanently resided, and continued a very extensive practice in his profession, up to the time of his death.

Dr. Berry's reputation as a skillful physician was widely extended. He was ardently devoted to his laborious profession, and was ever closely observant, careful and conscientious in its practice. He was a man of unquestionable integrity and uprightness of character, was a warm and generous friend, and was ever genial and sympathetic in his intercourse with others. In his daily life he was singularly unassuming and unaffected, though he ever seemed to maintain an identify peculiar to himself alone. He leaves a large circle of sincere friends, and his loss is greatly deplored, not only in this community, but throughout this and adjoining counties. The funeral of Dr. Berry took place on Friday the 11th instant, and was attended by an immense concourse of people. Appropriate religious services were held in the Congregational church, which was densely crowded, and an impressive discourse was delivered, by Rev. George S. Chadbourne, pastor of the M. E. church; Rev. Jeremiah Wood, of Mayfield Presbyterian church, Rev. George Cooper, of the Baptist, and Rev. L. M. P. Hill, of the Presbyterian church in this village, assisting in the solemnities. The remains were escorted to Prospect Hill Cemetery, by the masonic fraternity and the society of Odd Fellows of

this village, and from other localities, numbering about three hundred, and were consigned to the tomb with masonic honors; the deceased having for many years held membership in both institutions. Mr. Edmund P. Fox, W. M. of Gloversville Lodge, recited the beautiful and impressive Masonic burial service, and Rev. James B. Murray, of Johnstown, Grand Chaplain of the Grand R. A. Chapter of the State of New York, offered the usual prayers and pronounced the benediction.

At a regular communication of Gloversville Lodge, No. 429, F. and A. M., held on Tuesday evening, March 15, 1870, the following resolutions were unanimously adopted:

Whereas, The Great Architect of the universe having taken from our midst our esteemed brother James Berry, M. D., it is hereby

Resolved, That in humble submission to the Divine Will, we, the members of Gloversville Lodge, No. 429, free and accepted masons, deplore the loss we have sustained in the death of a worthy member of our fraternity.

Resolved, That we extend our sincere and heartfelt sympathies to the widow and family of our deceased brother, in this, their great affliction.

Resolved, That these resolutions be placed on the records of this lodge, and published in our village papers; and also, that a copy of the same, duly attested by our secretary, be presented to the family of brother James Berry, M. D., deceased.

CXIII.

Biographical Sketch of H. C. Hubbard, M. D.

Dr. H. C. Hubbard died at his residence in Scott, Cortland county New York, March 22, 1867. He was born in Berlin, Rensselaer county, New York, March 24, 1810, and was at the time of decease, fifty-seven years of age.

Dr. Hubbard was the pioneer of homœopathy in the vicinity where he resided. For years he fought hard against the prejudices of the people and the opposition of old school practitioners, and in his own quiet, unassuming manner, he silenced his opponents and secured the confidence of all. His exemplary life was a lesson from which nearly all might profit.

The church with which he had been connected for thirty-seven years, and of which he was a deacon, has lost one of its most active and influential members, and all within the circle of his ride, which was quite extensive, mourn his loss. He was a friend of the poor and sorrowing, never exacting even his just dues, from those struggling with poverty, and never failing to bestow sympathy when he saw hearts bowed down with sorrow. Both money and labor were

freely given to aid the church, and foreign and domestic missions. He was also a warm advocate of freedom and temperance. In short, every good cause here on earth, in his death, has lost a friend.

He suffered from disease of the heart, which extended to the liver and lungs, ending in effusion of the chest; and after nearly a month of such intense suffering as is seldom witnessed, death came to his relief.

CXIV.

Biographical Sketch of H. S. Benedict, M. D.

By JAMES M. CADMUS.

During the year 1869, Dr. H. S. Benedict, of Corning, was removed from our midst by death. But few of the physicians of our school, who have been called hence, will be so sincerely lamented by a large circle of friends and patrons, as he who is the subject of this brief memoir.

Dr. Benedict was born in the town of Warwick, Orange county, New York, July 12th, 1823, where a part of his early youth was spent. His parents removed to Benton, Yates county, and finally to Steuben county, where, soon after, he began the study of medicine under the supervision of Dr. T. J. Patchen, then of Bath, New York, now of Fondulac, Wisconsin. He attended lectures at Cleveland, and was a graduate of the Western Homœopathic Medical College, located in that city. About a year after attending lectures, he opened an office at Havana, New York, where he soon obtained an extended practice.

In the fall of 1864 he removed to Corning, New York; from that time until his death, October 18, 1869, he was constantly engaged in the practice of medicine. His success in his chosen profession was uniform, and of that character which tends to build up and sustain the zealous worker in fighting life's battles. Depending alone upon his own abilities, without special advantages of connection or introduction, he rapidly advanced to the front rank in the profession, and undoubtedly enjoyed a larger and better practice, than usually falls to the lot of physicians outside the limits of our cities.

Easily adapting himself to his surroundings, genial, with an extensive fund of story, and readiness to illustrate any point, and a professional acumen of the first water, we here find the stepping-stone to the success he attained, and which commanded the confidence, and won the love of his patients; as was abudantly testified by the many who assisted in paying the last tribute of respect to his remains. Toward his professional brethren, Dr. Benedict was always courteous, and ready to extend a helping hand; aiding them by his counsel, assisting the young physician to gain that foothold in the confidence of his patrons, so essential to success, and so needed by all beginners in their earlier combats with disease.

His was such a nature, that he never appeared apprehensive of injury or loss from so doing, knowing full well that he would be amply rewarded in the consciousness of having done only his duty. Stricken down suddenly in the prime of life, we are admonished of the mutability of earthly things. His disease, apoplexy, the result of over-taxed mental and physical powers, invidiously sought its victim, and in less than one hour after his return from a visit to the sick, he was numbered among the dead.

CXV.

Biographical Sketch of Charles C. Foote, M. D.

By ELIAL T. FOOTE, M. D.

Charles Cheney Foote, M. D., died suddenly at his residence in New Haven, Conn., November 9, 1871, of hemorrhage, resulting from the bursting of a blood-vessel.

He was the son of Dr. Elial T. and Anna Cheney Foote, and was born in Jamestown, N. Y., September 6, 1825.

Fitted for college in the Jamestown academy, and Williston Seminary, at East Hampton, Mass. Graduated at Union College in 1849. He read medicine with his father, and in 1850 attended medical lectures at the College of Physicians and Surgeons, in New York city. He also attended lectures at Jefferson Medical College, in Philadelphia, and graduated in 1851.

He commenced practice in the city of New Haven; married Miss Amelia L. Jenkins, of New Haven, April, 1852. They had four daughters and two sons. He followed two daughters and one son to the grave. The son died just eight weeks before his father, which was a severe stroke to him, and which he deeply felt till his death.

He leaves a widow, two daughters and one son.

At the time of his death he was forty-six years of age, and had practiced in New Haven about twenty years. He confined himself entirely to his profession, and grew into an extensive practice; all he was able to do.

No physician in the community was more highly esteemed, even by those who differed with him in practical views.

His health was generally good; he never during his life had a severe fit of sickness. While in practice, he was seldom so ill as to be detained more than one or two consecutive days from visiting his patients. The following is an extract from a New Haven paper:

"From his earliest boyhood he was noted for his principles of right and severe condemnation of wrong; as also for exemplary habits, which were so strict that he did not allow himself even many of the common luxuries of life. In manners a perfect gentleman, and if such a thing were possible, he had not an enemy in the world. During the successful practice of his profession, for twenty years, he was distinguished for the faithful discharge of all the duties imposed upon

him, even to the detriment of his own health, and his ears were ever open to the cries of the afflicted, the poor and the needy.

Although he never made a public profession of faith, yet he was a man of the strongest Christian character. Liberal in his views, he never desired nor would even enter into a religious controversy, acknowledging the right of every man to his own opinion; and all he desired from others was to enjoy at their hands the same privilege. As a Christian, a gentleman, a scholar, and a physician, few were his equals, and the testimonial offered to his memory by a sorrow-stricken community, is that his loss cannot be replaced.

This faint and rude memorial to the virtues of the man can redound but little to his praise, for a better one than this is written upon the hearts of the people who knew him and loved him well."

CXVI.

Biographical Sketch of H. B. Gram, M. D.*

Dr. H. B. Gram was born in Boston in 1786. His father, a native of Denmark and principal secretary of the Danish West India government, visited this country soon after the close of the revolution. While here he married an American lady, Miss Burdick, of Boston, and resigned his office; proceedings that gave so much offense at home that he was induced to give up his intention of returning to Denmark. He continued to reside in Boston till his death, which occurred in 1807, or thereabouts.

His eldest son, the subject of this memorial, had been carefully educated, and had already commenced the study of medicine, when the loss of his father made it necessary for him to visit Denmark on business relating to the estate. He arrived in Copenhagen early in 1808, and immediately entered the Royal Academy of Surgery, under the care of Professor Fenger, a relative of his, who was physician in ordinary to the king.

Within a year after his arrival in Copenhagen, young Gram received from the king the flattering appointment of assistant surgeon to a large military hospital. Previous to his admission into the Royal Academy of Surgery, he had to sustain an examination in the Latin and Greek languages, and natural philosophy, and the hospital appointment was also preceded by a rigorous examination in anatomy and petit surgery. Having, by successive promotions, attained the rank of surgeon, and having won the highest grade of merit in the Academy of Surgery, he resigned his connection with the hospital in 1814, and devoted himself to general practice in Copenhagen, with eminent success. He continued in the active practice of his profession, enjoying the society and friendship of the most learned and eminent men of that capital, till 1825, the date of his return to this country. He came home a complete general and

* Founder of Homœopathy in America.

medical scholar, thoroughly qualified by extensive practical experience, and an established reputation for a successful career in a new field. To his other advantages was added a knowledge of homœopathy, to the truth of which he had become a thorough convert, and to the dissemination of which, in his native land, and under more favorable auspices than could be found in the old world, he determined to devote the remainder of his life.

Soon after his arrival in New York, he published a translation of Hahnemann's "*Geist der Homœopat. Heil-Lehre*," (Spirit of the Homœopathic Doctrine), which he addressed to his colleagues of the medical profession. This pamphlet was undoubtedly the earliest of American publications on the subject of homœopathy; but the entire neglect with which it was treated by those whom he sought to interest so disheartened him, that he published nothing further; in fact, it was several years before he, or his system, became known to any extent beyond a very limited circle of appreciative friends and patients. But among those who were attracted to him, and learned from him the foundation principles of that beneficent medical reformation, which he modestly but unshrinkingly advocated, were some who afterwards became potent and successful promoters of the cause, both by pen and voice.

It is not certainly known how long he had been a homœopathist in Copenhagen, but it must have been several years, as he claimed to have been among the earliest of the non-German confessors. He lived to see the system, of which he was the first, and for a time the sole, representative in this country, firmly planted, not only in New York, but in many other cities and towns of the new world, steadily attracting new adherents from the professions, and daily gaining grateful and zealous friends among the most intelligent and cultivated of the laity. His death occurred February 26, 1840, at the age of fifty-four years, fifteen years after his return to this country.

With erudition that excited the admiration of all who knew him; with skill in his art that made him an indispensable blessing to those who had once sought his aid, with the soul of a sage and the heart of a Christian, what sum of private benefit and general good would he not have created, had he been spared to the venerable senectitude of a Hufeland, a Hahnemann, or a Blumenbach!

CXVII.

Biographical Sketch of Arthur Lutze, M. D., Knight, P. R. Saxony.

By HERMANN MUHR, M D., New York City.

The United States of America is not the only nursery of self-made men; they may be found in the old world, too; although with the pedantic and antiquated rule of education in most European countries, a person not trained in the customary old fashion, and overleaping the barriers established by law, custom or prejudice, is a greater rarity there, than in the new world.

The term "self-made man" is applied to such individuals, as, impeded in the pursuit of an education, or being left without any cultivation during their early life, at a later period, after having become sensible of the power that is in them, their superior talents and mental faculties, not only make up by uncommon energy what they have neglected in times past, but with manly earnestness and matured intelligence, rise over most of those who have been trained in the usual manner. It is with pride we count among those men, our memorable, great and pure Abraham Lincoln, our Daniel Webster, Horace Greeley, Henry Raymond, Stephen A. Douglas, and even Andrew Johnson.

Another class of self-made men, consists of those, who by paternal will, without any observation or any regard to their particular inclinations, have been forced into a certain career, and who, after having come to maturity, are possessed of enough energy to follow the inner pressure of their vocation, overcome later all obstacles, to fit themselves to that profession for which they seem to be created. Such men will elevate themselves above the common level, and thereby, possibly, excite the envy of all the mediocres in their branch.

Here, in the United States, genius or great talents meet, in general, with less narrow-minded opposition than elsewhere. It is with joyfulness, that friends, nay, the whole nation, greet such aspiring men, who escape the trammels of narrow mind or untoward circumstance; for it is well understood of what great value those persons are to a community. The case is different in Europe, particularly in Germany, where still greater difficulties are to be overcome. He who would break down or overleap the barriers restraining the free development of the powers of mankind, must be possessed of still greater energy and higher gifts of mind, if he would reach a high aim, notwithstanding all the obstacles placed in his way.

Society is indebted to the artist, Rauch Drake; the sculptor, Kaulbach, and to Borsig, to the majority of the dramatic artists, as they have overcome with admirable energy, all adverse influence to

elevate themselves and the world at large. The greatest fogy, even in looking back, would not have said: "Let the shoemaker stick to his last," and no more to have asked Goethe to stick to his law career, or Schiller to perish as a mediocre physician, for the sole reason that they had been trained for that profession.

Worthy of all praise is energy displayed by the deceased, Arthur Lutze, in overcoming uncommon obstacles to answer his true vocation, to become a physician, an "artist in healing," as the designation ran in old times. We will try to give a short biographical sketch of this man who stood so near our heart, as he counts in America many friends and admirers as well among Americans as Germans.

Arthur Lutze was born on the first of June, 1813, at Berlin, where his father, consul-general of Great Britain, at Stettin, sojourned as representative of the English ambassador. His mother, former widow of Mr. de Wedel, and a daughter of the Rev. Mr. Poulet, a renowned evangelical court chaplain at Stettin, was a lady of great refinement, and pure and tender mind. She conducted the education of her son with greatest care. He was her only one, having lost, in the short space of one year, one daughter of seventeen years, one of fifteen, and a son of twelve years of age. Arthur enjoyed his infancy on the magnificent estate of his father at Züllichau and the Arthursberg (Arthur's Hill, the name allowed by decree of the king), near Stettin. Great influence was exerted upon Arthur by his uncle, the Major-General Poulet, famous for the erection of the great fortification at Dantzic, and by its stubborn defense against Napoleon I.

By the sudden death of his father on the 2d of December, 1828, the condition of the family was changed in the most lamentable manner. The war, with its consequences, had so far influenced the fortune of Consul Lutze, that after regulating his affairs, the family was thrown from opulence to poverty, and was only saved from utter need by a small pension given to the widow by the English government, in acknowledgment of the services rendered by the consul.

The ardent wish of Arthur to become a physician, was thus thwarted, and a theological career marked out for him, as by his training, natural disposition and family tradition, he was deemed by all most fitted for this course. He first entered the then renowned private college at Bunzlan, but removed later with his mother to Berlin, to attend the Joachimsthal College, of the highest standing in Prussia.

The greatest calamity broke down poor Arthur, when on the 11th of February, 1830, his beloved mother passed away from earth. His guardians now thought best for him to leave the study of theology (he had meantime secretly attended one medical course), and to have him enter the post service as a good and quicker career was expected for him through the influence of relatives in high position, in that branch. Notwithstanding his earnest opposition, Arthur had to comply. While in the service, he worked with faithfulness and diligence in many of the post-offices in Prussia. From the mechanical working and killing tediousness of the postal service, Arthur tried to save himself by poetical writings and assiduous study. By the purity

of his character, his unusual intellectual power, attractive poems and serenity of manner, he was, wherever he lived, the pet of refined society. Social as Arthur was, he notwithstanding excited the envy of his fellow officers, solely for being extraordinary. Through a spartan frugality, he was enabled to set apart a certain sum from his small salary for books, and he became the happiest man when he received the best works on science and literature, from Brockhaus, as a compensation for his poetical works, published by that renowned firm. It was at Nordhausen that Lutze made the acquaintance of Dr. Rath, an enthusiastic and enlightened adherent of Hahnemann's new system of medicine, homœopathy, and by him Arthur was induced to study it. He studied the new system with such eagerness, and visited patients in company with Dr. Rath, that this old practitioner was surprised at the rapid progress of his amateur pupil.

At Halle, Arthur took all his time to attend the medical course of the university, and to practice in larger circles, when he was stricken down by a catastrophe that made a marked change in his after life. After he had left the office at Catbus, a defect was found in his department. He was called to account and ordered for trial, nothwithstanding his protestations of innocence, and the unanimous testimony in his favor, from all his superior officers in the different stations wherever he had served. A nervous fever prostrated him, and when, in the meantime, the real culprit was detected, he was, after his convalescence, so disgusted with the postal service, that he asked for his discharge, and received an honorable one.

He went to Glieneoke, near Potsdam, at the call of the noble privy counselor, William de Türk, the charitable founder of the civil orphan asylums at Potsdam and Glieneoke. By his practice and happy cures, soon thousands flocked to see him. By his lectures, he created soon, a violent opposition, particularly from the allopathic physicians and druggists, but through the influence of M. de Türk, the evangelical bishop Eylert, high officers of the court, and Queen Elizabeth, he was allowed by decree of King Frederick William IV, on the 20th of October, 1844, to practice and dispense his own homœopathic medicines.

It is impossible to enumerate all his battles fought against antiquated medical and governmental authorities, stirred up by a man with brains, enthusiasm and success in practice, welcomed by a large proportion of the population, not only for his astonishing success in the treatment of disease, but also for his bold attacks upon the old slumbering bureaucracy; quite a refreshing sign in those days of utter dullness. His lecture, "Hahnemann's Memorial," printed afterward and spread in thousands, nay, hundred thousand copies, assisted materially in diffusing an understanding of the homœopathic system.

Lutze decided to go to Anhalt, Coethen, once the residence of the master, Hahnemann, before he left for Paris. After having passed his examen in the fall of 1845, before the board of examination, Dr. Gross in the chair, he was allowed by special order of Duke Henry, of Anhalt, Coethen, to practice without restriction. He was created *Doctor Medicinæ* by the old university of Zena, and earned *summa*

cum laude by his dissertation, *De Cataractæ Extractione.* After the death of Duke Henry, when Cœthen became the heritage of the duke of Anholt Dessan, the duke Leopold confirmed Dr. Lutze in all his rights, notwithstanding the many intrigues against him.

Only those who have observed the deceased, are enabled to appreciate fully the blessing of his efficiency. Lutze became the acknowledged standard-bearer of homœopathy, whatever some dissatisfied grumblers may say to the contrary, and not only so in Germany, but far away beyond its boundaries. He was acknowledged not only by the thousands and thousands whom he had cured; but in recognition of his services in the spreading of homœopathy, his writings, his manual of homœopathy especially, translated into English by the renowned Dr. Hempel, he was made honorary member of the academies of science at Palermo, Rio Janeiro, Brussels and other cities. The Duke of Coburg nominated him a sanitary counselor, and a true one he was. Different reigning princes decorated him with orders.

Dr. Lutze erected a real palace of great dimensions, to serve as a home for the many patients coming from all parts of the world. A great polyclinic served for the patients residing at Coethen, or passing only through. His inclination for the arts had full scope for development in the erection of the magnificent building, ornamented by first class artists in painting and sculpture. The large gardens, of nearly ten acres were laid out in the finest style. He created a private hospital on a princely scale. There is none like it in the world. His benevolence was so extraordinary, that although he received an income of between thirty and forty thousand dollars, he found himself at times in embarrassing circumstances. To give was his greatest delight.

Dr. Lutze was now at the climax of his life, and could relax in the incessant fight against the foes of homœopathy, and enjoy in a measure, the fruit of his labors. Then and there death called him away suddenly, leaving his work not yet quite finished, his son not yet of age to fill his place. His wife, Augusta, the daughter of a Protestant clergyman of high standing in science, herself a learned lady of rare musical talent both in composition and execution, still survives him. To her husband, she and her three sons looked up confidently. His oldest son, Ernest, is twenty-one years of age, and just preparing for the study of medicine. The loss of Coethen, by the death of Dr. Lutze is greater than her princes could compensate. That place knows best how to estimate its loss.

Whoever knew the deceased more intimately, whoever could appreciate his extensive knowledge, his fluency in languages (he was able to converse freely in English, French, Spanish and Italian, besides the ancient languages) as he read the master-pieces of the different nations in the originals, those only have an idea of his incessant working in different regions of human science. His enthusiasm for poetry was nearly as great as for homœopathy, and in his hours of leisure he understood how to entertain and elevate the company, either through his own poetical renderings or those of the masters. Sustained by a sonorous voice, his declamation was perfectly artistic.

The patients in his house were not only bodily cured but elevated in mind and heart. Whoever observed him in his continued spiritual struggle could only be admiring the self-made man. He used to say, "I am, as I feel, a physician by the grace of the Lord; a far greater blessing than to be a prince; I am called to save lives, as a genuine physician may do, through the blessing of God; the princes, mostly, to endanger life." The beautiful words of our poet, Rückert:

> ——"Those are the wise
> Who travel through error to Wisdom's reign;
> Who in error remain, forever are unwise,"

may become a spur for others too.

PART IV.

MISCELLANEOUS PAPERS.

CONTENTS.

CXVIII. The Lever Lift. By Geo. F. Foote, M.D.

CXIX. The Plea of Insanity as a Defense in Cases of Homicide. By Samuel Worcester, M. D.

CXX. Constitution and By-laws of the Homœopathic Medical Society of the State of New York.

CXXI. List of Officers of the Society, 1850–1872.

CXXII. List of Honorary Members.

CXXIII. List of Permanent Members.

CXXIV. List of Delegates, and Classification of Counties with reference to the election of Delegates.

CXXV. List of Members of the American Institute of Homœopathy, residing in the State of New York.

CXXVI. Table of Annual and Regular Meetings of State, County and Local Societies.

CXVIII.

The Lever Lift.

By GEO. F. FOOTE, M. D.

The exercise obtained by the use of a lifting machine, as an auxiliary to medical treatment, cannot be too highly recommended, and, when judiciously used, becomes available in most forms of chronic diseases, particularly in patients whose habits of life are sedentary. In its use, caution is at first necessary, to prevent over-lifting. It is safe not to lift more than can be raised with ease.

The patient should stand erect, place his hands at his side, and adjust the length of the straps so that the handles will just reach the ends of the fingers. The patient, while keeping the body erect, should bend the knees so as to be able to grasp the handles, then, with the lungs inflated and the head thrown back, straighten the limbs to such an extent as to lift the weight and hold it for at least one minute, meanwhile taking deep inspirations.

Each exercise may be repeated three or four times, at intervals of five minutes. An increase of the weight lifted of five or ten pounds may be added from time to time, as the newly developed strength will permit. This exercise may be repeated daily. After each effort, a rest in the recumbent position is frequently of advantage. The most suitable time of day for this exercise is usually about ten o'clock in the forenoon; the time of day, however, is not as important as the position of the body and the manner of lifting.

It is important that the body be kept in an erect position. The spine should not be turned in any direction from a straight line. The amount of force to be applied, *i. e.*, the weight to be lifted, should be such as to be accomplished without straining or overtasking the muscles of the back or extremities.

Each daily exercise should be commenced by raising a less weight than that lifted on the previous day. During each effort the weight should be gradually increased, so as to exceed the amount raised on any previous occasion.

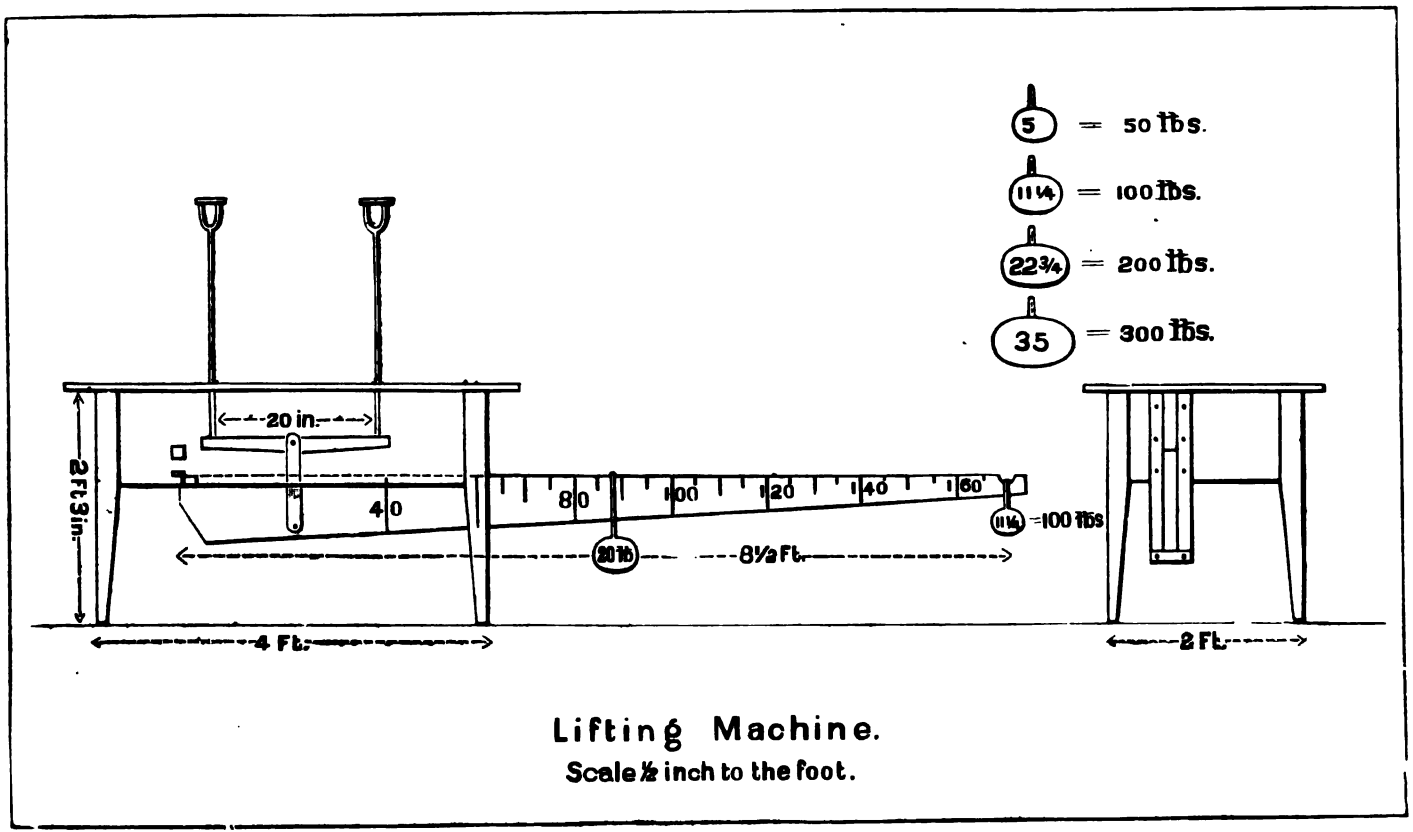
This effort puts into active exercise nearly all the muscles in the body. It very thoroughly excites capillary circulation. The feet, if cold, become warm. Local congestions of internal organs is diminished.

When the circulation becomes languid, the extremities cold, and a general languor of mind and body exists, this exercise proves of very great advantage. A chronic tendency to coldness of the feet is effectually overcome. Local congestions of any of the internal organs are gradually and effectually relieved. A general glow is made to pervade the system; the muscular strength is decidedly increased;

the muscles themselves acquire greater firmness, and with this general augmentation of strength, will be found, in many cases, a corresponding diminution of disease. While I would recommend patients to seek the advice of a physician regarding the cases in which this remedial agent may prove of benefit, I would especially recommend its use in most forms of hemorrhoids and uterine diseases, paralysis and physical debility resulting from mental fatigue. I would further advise caution regarding its indiscriminate use, and also urge its continued application in promising cases, even when at first it fails to produce beneficial results.

The machine, which is well illustrated in the accompanying figure, is not expensive, any carpenter being able to build one at an expense not exceeding twenty-five dollars.

It is similar to a steelyard or scale beam, with large movable weights of sand bags, stone or iron at the long end of the lever. It has also a sliding weight, on a graduated scale, for smaller divisions. The length of the straps at the side, to which stirrup-like handles are attached, is regulated by a buckle. It will be found to answer all the purposes of a more expensive machine.



Lifting Machine.

Scale ½ inch to the foot.

CXIX.

The Plea of Insanity as a Defense in Cases of Homicide.

By SAMUEL WORCESTER, M. D., Concord, Mass.

Several conspicuous trials for murder have been lately held in different States; one was the trial of General Cole, at Albany, for the murder of L. P. Hiscock; another, the trial of Samuel M. Andrews, for the murder of Cornelius Holmes, at Plymouth, Mass., and the last, the trial of Daniel McFarland, for the murder of Albert D. Richardson, in New York. In these trials, the defense of insanity was raised, successfully in the first and last cases, and unsuccessfully in that of Andrews; but the notoriety of the cases and the frequency with which, of late years, the plea of insanity is raised in criminal cases, have excited an interest in the mind of the public, and a feeling that there was a conspiracy among the doctors and lawyers, "to try the insanity dodge" on every occasion, so that when any notorious criminal is brought up for trial, it has come to be considered as a matter, of course, that he will plead insanity. This has grown to be so much the case, that there seems to be danger, lest we may rush from one extreme to the other, and from having erred on the side of leniency, become too harsh and unjust. It will be the object of the present paper, to consider the past and present doctrine, of the legal responsibility of the insane, and then briefly endeavor to show what ought justly to be done in the future.

It may be asked, "how can one, whose business it is to treat disease, know anything of law, or aid in explaining its difficulties." The answer should be, that for the equitable administration of law, it is not only desirable, but necessary, that information should be drawn from all branches of science, and that due weight should be paid to such conclusions, though, perhaps, incapable of being demonstrated by science, are nevertheless often the only data on which we rely in determinating our actions.

Whether an act be right or wrong, is not determined by the act itself, for under different circumstances, a similar act may be either; but it is decided by the motives which caused it, and the circumstances under which it was done; these things determine its legal relations and the responsibility of the individual. It must be acknowledged by all, that the practice of the science of medicine, affords to the physician a wide and ample field, with many opportunities for observing and studying the weaknesses of our nature; the influence of which, in deciding the criminality of any given act, the law with humanity and justice, does not overlook. It is necessary therefore, in every inquiry, to ascertain not only the motives which led to the performance of any particular act, but also, the conditions

giving rise to those motives, in order that we may determine whether the individual was at the time, a free agent, and if so, to what extent; or whether he was constrained by any influence, and within what limit. Whatever takes away freedom of mental action, even in a slight degree, must necessarily modify the amount of moral or legal responsibility, for it is evident that a person is only responsible so far as he is a perfectly free agent. Among the causes which may take away this freedom, are those external to him, and which occur while he is of sane mind; and those which arise from within and are peculiar to each individual case. Among the latter, and coming within the scope of this article, is unsoundness of mind, and the action which it produces on human motives, and thus on legal responsibility.

That which is true as regards the legal relation of our deeds, is also and equally true of the psychological; the act in itself is no proof either of the mental or moral condition of the actor; and the mere fact of the deeds being illegal, is no proof of the responsibility of the person committing the deed. If punishment is to be just, the person punished, must not only have known at the time of his act, that it was wrong, but also have been in the possession of power to abstain. If then, the law recognizes as palliation or excuse, the fact that an act, in itself criminal, was done under the coercion of others, it ought, with equal right and justice, to exonerate a person for similar acts done under coercion arising within the individual, which coercion, though not so potent as the former, is nevertheless as real, and frequently forces its victim into the commission of every species of crime, with a power that is, if anything, greater than that caused by the influence of others.

The law in relation to the legal responsibility of the insane is in a very imperfect state, and the only praise that we can give it is that it represented the wisdom and social opinion of the age in which it was formed; and as we have progressed in civilization and enlightenment the laws have been amended so that they are not quite as unjust as formerly. Yet, a vast deal remains to be performed, ere they can be said to reflect, with any degree of truth, the present state of our knowledge of insanity and its requirements. Since this is so, and the exposition of law is at variance with the teaching of science, and the conclusions arrived at from observation and experience, an element of doubt has arisen in the administration of law, which is prejudicial to the interests of society, and dangerous in the highest degree. Such is the unsatisfactory state of the law at the present time as to the question of responsibility, when unsoundness of mind is urged as a plea in criminal cases. Certain qualities of mind, the possession of which is held by the law to constitute responsibility, are known, by every alive physician, to be in the possession of most persons whose insanity is beyond all doubt, and who ought not in justice to be held responsible for their acts, though the law says otherwise. This is the reason why conflicts of opinion take place between medical experts and the courts in cases where the question of legal responsibility occurs; and a great amount of uncertainty

arises as to the effect of such conflicts upon the verdict of a jury. It frequently occurs, however, that juries which are aware of the deep responsibility of their position, will give heed to the opinions of men whose long experience should lend them weight, and will render verdicts diametrically opposed to the plainly declared dogmas of the law. Instances are not few, where even the judges themselves, after having warned the juries not to heed the specious arguments and visionary theories of the medical expert, and after charging against them with the full weight of the law and their own official position, have, in their private capacity, both by word and act, listened to the voice of their own nature and given their approval to those same opinions against which but a short time before they had so earnestly declaimed. It is evidently very important that such discrepancies of opinion should be reconciled, and that in reference to the abstract principle of what constitutes insanity and a just ground for acquittal, the court and the expert should have a common ground of agreement, or else the trial must necessarily degenerate into a mere trial of strength between opposing counsel, without the slightest regard to the interests of justice and right. The cause of this disagreement seems to lie in a single fact, viz., that the judges lay down the law in relation to responsibility in cases of insanity, in the same way, and cite the same authorities as they did some two hundred years ago, instead of paying due respect to the knowledge and opinions of those whose experience and attainments should entitle them to consideration, and who have made the care of the insane the work of many years.

In the trial of Arnold, 1723, the justice laid down the principle, that in order to exempt a man from punishment, his insanity must be of such a nature as to "wholly deprive him of understanding and memory; not to be able to know what he is doing no more than an infant, a brute, or a wild beast; such a one is never the object of punishment." The above test as to legal responsibility which had been originated by Lord Hale, and followed by all succeeding judges, received its first blow in the discussion arising at the celebrated trial of Hadfield, for shooting at the king in Drury Lane theatre, in 1800. The Attorney-General, had, as usual, charged the jury, that to release from legal responsibility, there must be a total deprivation of memory and of understanding; Mr. Erskine replied that taking these words in their literal sense, "no such madness ever existed;" and he stated the true doctrine to be, that the real foundation of exemption from punishment must be delusion, and that the act must clearly be the immediate consequence of this delusion. This was something of an advance from the former opinion; but twelve years later, in the trial of Bellingham for the murder of Sir Spencer Percival, we find that the Attorney-General declares "upon the authority of the first sages in the country, and upon the authority of the established law in all times, which law has never been disputed, that although a man may be incapable of conducting his own affairs, he may still be answerable for his criminal acts, if he possesses a mind capable of distinguishing between right and wrong;" and Lord Chief Justice Mansfield echoed

the same opinion. (Collinson on Lunacy, 657.) If this test is correct, then we are very unjust in our application of it to other than strictly criminal acts. Is it not inconsistent to consider those possessing the power of distinguishing right from wrong to be responsible for criminal acts, and at the same time deprive them of their liberty and seclude them, when they may not have done a single illegal act? Or in the words of Dr. Ray, "while the mental impairment is yet slight, comparatively, and the patient is quiet and peaceable, the law considers him incapable of managing himself or his worldly affairs, and provides him with a guardian, and a place in the wards of a hospital; but when the disorder has proceeded to such a height as to deprive the maniac of all moral restraint, and precipitate him on some deed of violence, he is to be considered as most capable of perceiving moral distinctions, and consequently most responsible for his actions." (Ray's Medical Jurisprudence, 29.) In August, 1843, in the case of the Queen *v.* Higginson for murder, where the prisoner was imbecile, Justice Maule instructed the jury: "If you are satisfied that the prisoner committed the offense, and you are also satisfied by the evidence, that at the time of committing the offense the prisoner was so insane that he did not know right from wrong, he should be acquitted on that ground; but if you think that at the time of the committing of the offense he did know right from wrong, he is responsible for his acts, though he is of weak intellect." Higginson was executed to satisfy an unjust dogma of the law.

The substance of these decisions would seem to be, that if a man knows the nature of the act he is doing, and its consequences; and if he knows that the deed is contrary to law, and will render him liable to punishment, he is responsible, unless it is proved that he was laboring under such a delusion in regard to the particular act as would, if true, have excused him in the eye of the law. This would make the person responsible, no matter to how great an extent his delusions might be present, so long as they did not apply immediately to the criminal act in question.

In the United States the widest latitude has been given in the charges of the judges. Perhaps the most noted opinion is that of Chief Justice Shaw, in the case of Commonwealth of Massachusetts *v.* Rogers (1843), when the court said: "A man is not to be excused from responsibility if he has capacity and reason sufficient to enable him to distinguish between right and wrong as to the particular act he is then doing, and a knowledge and consciousness that the act he is doing is wrong and criminal and will subject him to punishment. In order to be responsible, he must have sufficient power of memory to recollect the relation in which he stands to others, and in which others stand to him; that the act he is doing is contrary to the plain dictates of justice and right, injurious to others and a violation of the dictates of duty." (Trial of Abner Rogers, etc., by Bigelow and Bemis, 275.) In State *v.* Smith, in Pennsylvania, 1858, the court held that the prisoner was irresponsible if he were governed by an uncontrollable influence; his will was no longer in subjection to his reason, owing to the excited and continued impetuosity of his

thoughts, and the confusion of a mind impelled by disease and goaded by a sense of grievous wrong." (Ray. Med. Juris., 58.) In United States *v.* McGlue (Mass., 1851), Justice Curtis instructed the jury, that the question was whether the prisoner understood the nature of the act, and knew he was doing wrong, and would deserve punishment.

In the trial of Andrews at Plymouth, Mass., Chief Justice Chapman on December 8, 1868, in his charge to the jury, said: "As to what degree of insanity is sufficient to protect a prisoner from punishment, read Commonwealth *v.* Rogers, quoted above. In the case of Henry J. O'Farrell, tried for the attempted murder of the duke of Edinburgh, in Australia, Justice Clarke, on the 30th of March, 1868, thus laid down the law: "The law on the subject might be summed up thus for the consideration of the jury: First, every person charged as a criminal was supposed to be sane and responsible until the contrary was shown to the satisfaction of the jury. Second, the insanity and irresponsibility of the accused, therefore, must be proved by those who set up the defense. Third, the question for the jury was, as to the defense, whether they were satisfied that the accused had not such a degree of reason at the time of committing the act as to know that he was doing wrong. Fourth, whether it has been proved clearly that the accused labored under such a defect of reason, from disease of the mind, as not to know the nature of the act charged as criminal; or if he did know it, was unconscious that it was criminal." (Report of trial in Sydney Morning Herald, April 1, 1868.)

We will cite but one more opinion, viz., that of Judge Brewster, as given at the trial of George W. Winnemore, for the murder of Dorcas Magilton, in Philadelphia, in May, 1867, for this charge has been much commended by lawyers and physicians: "First, if a man has no capacity to discern good from evil, nor ability to understand that the act he is about to perform will render him liable to human and divine law, he is clearly not accountable. Second, if he possesses the capacity to discern good from evil, but is laboring under a delusion or hallucination, which, if it were real, would excuse his act, he is still irresponsible to the law. Third, if there is no delusion, general or partial, and there is capacity to distinguish between right and wrong, the man may still lack, by reason of the operation of some fearful disease, the power of self-control." This is what is called by Chief Justice Gibson (4 Barr., 267), "a moral or homicidal insanity, consisting of an irresistible inclination to kill or commit some other particular offense." He says: "There may be an unseen ligament pressing on the mind, drawing it to consequences which it cannot avoid, and placing it under a coercion, and while the results are clearly perceived, is incapable of resistance." He adds, "The doctrine which acknowledges this mania is dangerous in its relations, and can be recognized only in the clearest cases. It ought to have been shown to have been habitual, or at least to have evinced itself in more than a single instance." To establish it as a justification in any particular case, it is necessary to show by clear proof, its contem-

poraneous existence, evinced by present circumstances, or the existence of an habitual tendency developed in previous cases, becoming in itself a second nature. "If you find that the defendant killed the the deceased, you may be assisted in arriving at a conclusion as to his accountability, by asking yourselves whether you find from the evidence the following points: First, did the defendant know who it was that he was attacking; that she was a human being; and that his acts would result in her death? Second, did he know at the time that the act was forbidden by the laws of God and man? Third, did he know and believe that she was not attacking, hammering or endangering him? Fourth, was he entirely the master of his own actions, and uninfluenced, uncontrolled by any disease or delusion, general or partial, which he could not by the exercise of his will overcome?"

We have quoted at length the above authorities, for the purpose of setting forth in as clear a manner as possible, the crude state of the legal opinion in regard to what is really to be regarded as proper ground for exemption from punishment in cases where insanity is pleaded as a bar against punishment; to show upon what an uncertain basis it rests, and the conflicting manner in which it is laid down by the various judicial authorities of the different countries.

I believe that the doctrine of irresponsibility on the ground of insanity, as given by the bench, is erroneous, and would, if carried out to its legitimate conclusion, condemn to punishment nearly all the insane who happen to violate the law; and being so incorrect, it tends to weaken the confidence of the public in the high character of the opinions emanating from the bench. As an example showing the popular idea, I would mention that an item has just appeared in a newspaper, in relation to the late "Nathan murder" in New York, when in answer to the question "what will be done to the murderer if caught," the writer says "some doctor will apply an instrument to his head, another to his diaphragm, and then they will swear he was insane, and not responsible for his crime." Such is the reaction in consequence of the conflicting opinions and judgments so often given in these cases.

Knowledge is not power, in the sense of giving its possessor control over his actions; doubtless it has come under the observation of every one, that aside from the question of vice or virtue, some persons are weak, yielding readily to the temptations of circumstances, while others, from the mere force of will, may be said rarely to fall into temptation; and still, the virtuous knowledge and desires of the former may be of a higher character than the latter. Knowing that is true of the sane, how much more true it is of the insane, in whose mind the influence of disease has tended to destroy the power by which their thoughts are combined into healthy operation.

At a meeting of the medical officers of asylums of Great Britain, held in July, 1863, the following resolution was unanimously adopted: "That so much of the legal test of the mental condition of an alleged criminal lunatic which renders him a responsible agent, because he knows the difference between right and wrong, is incon-

sistent with the fact, well-known to every member of this meeting, that the power of distinguishing right and wrong exists frequently among those who are undoubtedly insane, and is often associated with dangerous and uncontrollable delusions."

According to the law, delusions can only be pleaded as a bar from punishment, to the extent that they would serve as such, if they were facts and not delusions. Therefore, "The law does not regard the presence of delusions as an indication of general insanity, but rather as errors of opinion, having no influence beyond the immediate point to which they refer, forgetting that in a healthy mind, even erroneous opinions exercise an influence over a man's general conduct and judgment beyond the facts of the case in question; and still further, unmindful of the fact that if the mind be so impaired that a man cannot correct his delusions, but surrenders his freedom of action to its influence, he is not likely to accurately, and with due reference to the law, measure the amount of his violence towards the person he insanely believes about to injure or insult him; the notion that responsibility can be measured by the terms of a delusion, is founded in error, (S. W. North). The presence of delusion indicates that the mind is shaken in every part, and no one can say where the next outbreak may be seen. The man though aware of the nature and quality of the act, and of its criminality, yet becomes so under the influence of his delusion, as to act both as law-giver and executioner of his sentence. Reason loses its empire, the power of the will has become weakened, and the faculties of the man, powerful for good or evil, become obedient to the whim or caprice of the moment.

We do not propose to give any views of our own as to the proper manner in which the law should deal with questions of mental competency, for men much abler than the writer have given their views, and we will quote from them. For several years a committee of the "Association of Medical Superintendents of American Institutions for the Insane," had under consideration a project of a law to determine the legal relations of the insane, in order to remedy as far as possible the present defective state of the law, and to recommend something for adoption by all the States, that there might be harmony on the subject. After postponement for several years, the subject was brought up for discussion at the meeting of the association in Boston, June, 1868, and "Project of a General Law," as finally adopted, was indorsed by every member of the association present. Such being the case, their report should be respected as high authority; embodying as it does the opinions of men who have made the study of mental disease the labor of many years, and who have had ample opportunities for becoming fully acquainted with the wants and necessities both of the sane and the insane, and their proper relations to each other. We will merely quote those articles of the proposed law that have special bearing on the subject now under consideration:

"13. Insane persons shall not be made responsible for criminal acts in a criminal suit, unless such acts shall be proved not to have been the result, directly or indirectly, of insanity.

"14. Insane persons shall not be tried for any criminal act during the existence of their insanity; and for settling this issue, one of the judges of the court by which the party is to be tried, shall appoint a commission, consisting of not less than three nor more than five persons, all of whom shall be physicians, and one, at least, if possible, an expert in insanity, who shall examine the accused, hear the evidence that may be offered touching the case, and report their proceedings to the judge, with their opinions respecting his mental condition. If it be their opinion that he is not insane, he shall be brought to trial; but if they consider him insane, or are in doubt respecting his mental condition, the judge shall order him to be placed in some hospital for the insane, or some other place favorable for a scientific observation of his mental condition. The person to whose custody he may be committed, shall report to the judge respecting his mental condition, previous to the next term of court; and if such report is not satisfactory, the judge shall appoint a commission of inquiry, in the manner just mentioned, whose opinion shall be followed by the same proceedings as in the first instance.

15. "Whenever any person is acquitted, in a criminal suit, on the ground of insanity, the jury shall state this fact in their verdict, and the court shall order the prisoner to be committed to some place of confinement for safe keeping or treatment, there to be retained until he may be discharged in the manner provided in the next section.

16. "If any judge of the highest court having original jurisdiction, shall be satisfied by the evidence presented to him, that the prisoner has recovered, and that the paroxysm of insanity in which the criminal act was committed, was the first and only one he had ever experienced, he may order his unconditional discharge; if, however, it shall appear that such paroxysm of insanity was preceded by at least one other, then the court may, in its discretion, appoint a guardian of his person, and to him commit the care of the prisoner, said guardian giving bonds for any damage his ward may commit; *provided always*, that in case of homicide or attempted homicide, the prisoner shall not be discharged, unless by the unanimous consent of the superintendent and the managers of the hospital, and the court before which he was tried."

We have endeavored to show that the judgments of the law are not founded on truth or fact, and as a consequence that justice has become halting and uncertain; that there is urgent need of a reform in the matter; and in the hope that a spirit of interest in the subject may be aroused, we present this paper for your consideration.

CXX.

Constitution and By-laws of the Homœopathic Medical Society of the State of New York.

CONSTITUTION.

Article I.

Name and Object.—This association shall be known as the Homœopathic Medical Society of the State of New York, and its object shall be the advancement of medical science.

Article II.

Laws of the State deemed a part of the Constitution.—The laws of the State of New York, regulating the practice of medicine and surgery, shall be deemed a part of this constitution.

Article III.

Officers, when and how to be elected.—The officers of the society shall be a president, three vice-presidents, recording secretary, corresponding secretary and treasurer; all of whom shall be elected by ballot at an annual meeting.

Election of Censors.—The Society shall also, at an annual meeting, elect twelve censors, any three of whom shall constitute a quorum.

Votes of a majority necessary to a choice, and term of office.—At all elections of officers, the votes of a majority of the members present shall be necessary to a choice; their term of office shall commence at the adjournment of the meeting at which they were elected, and shall continue for one year, or until the close of the annual meeting next succeeding the one at which they were elected, and until others are chosen in their places.

Article IV.

Duties of Officers.—The duties of the officers shall be such as are prescribed by the laws of the State, and, in addition thereto, such as may be from time to time designated in the by-laws.

Article V.

How Constituted.—The Society shall be composed of delegates from each county homœopathic medical society and homœopathic medical college in this State, and such other members as may be designated in the by-laws.

Article VI.

Annual Meeting.—The annual meeting of the Society shall be held in the city of Albany, commencing on the second Tuesday in February in each year.

Article VII.

Quorum.—At any meeting of the Society seven members shall constitute a quorum.

Article VIII.

Seal.—The Society may have a common seal, with a suitable device and inscription.

Article IX.

Amendments.—This constitution may be altered or amended by a vote of two-thirds of the members present, provided that notice of such alteration or amendment shall have been given in writing at the previous annual meeting.

BY-LAWS.

Section 1.

Duties of the President.—The president shall preside at the meetings of the Society, preserve order therein, put all questions, announce the decisions; appoint committees not otherwise ordered; receive and pay over to the treasurer the sum of ten dollars for each diploma granted by the Society; direct the Secretary to call extra meetings on the written request of any seven members, explaining the reason for such action; deliver an address at the annual meeting or procure a substitute, and perform such other duties pertaining to his office as may be required of him by the Society.

Section 2.

Duties of the Vice-Presidents.—It shall be the duty of the vice-presidents, in the absence of the president, to perform, in the order of election, the duties of that officer.

Section 3.

Duties of the Recording Secretary.—It shall be the duty of the recording secretary to provide a book in which he shall make an entry of all resolutions and proceedings which may be had from time to time, also the name of each and every member of said Society, and the time of his admission; preserve all documents belonging to the Society; divide the delegates into four classes in compliance with the ninth section of these by-laws; give notice of all meetings, and deliver to his successor in office all books and papers belonging to the Society.

Section 4.

Duties of the Corresponding Secretary.—It shall be the duty of the corresponding secretary to receive and lay before the Society all communications addressed to it; and generally to conduct the correspondence of the Society; notify bureaus and committees of their appointment; notify the secretaries of the respective county societies whenever there are vacancies in the list of delegates; and perform such other duties pertaining to his office as by vote of the Society may devolve upon him.

Section 5.

Duties of the Treasurer.—The treasurer shall receive and be accountable for all moneys belonging to the Society; pay out on the warrant of the president such sums as may be agreed upon at the annual meeting, and report in writing at each annual meeting.

Section 6.

Duties of Censors.—It shall be the duty of the censors to examine carefully and impartially each student presenting himself as a candidate for license to practice medicine and surgery, and report their opinion in regard to his qualifications in writing to the president; and to decide all questions of appeal from county homœopathic medical societies relating to the examination or qualifications of students.

Section 7.

Executive Board.—The president, vice-president, secretaries, treasurer, and chairmen of the several bureaus shall constitute the executive board, whose duty it shall be to make arrangements for the meetings of the Society; arrange the business of the sessions; attend to matters of business not otherwise specially provided for, and perform such other duties as may by vote of the Society devolve upon it. This board shall also constitute the committee of publication, to whom shall be referred for revision all papers placed on file for publication.

Section 8.—Bureaus.

Materia Medica.—There shall be a bureau of materia medica, pharmacy and provings, which shall obtain facts relating to the materia medica and pharmacy, and institute, collect and arrange provings of drugs.

Clinical Medicine.—There shall be a bureau of clinical medicine, which shall collect facts relating to clinical medicine generally, and especially to any epidemic or endemic disease which may exist in the State.

Obstetrics.—There shall be a bureau of obstetrics and diseases peculiar to women and children, which shall collect and report to the Society facts and observations on subjects pertaining thereto.

Surgery.—There shall be a bureau of surgery, which shall report all improvements in surgery.

Statistics.—There shall be a bureau of registration and statistics, which shall keep a register of all homœopathic physicians in the State, prepare a list of all societies and organizations, and collect statistics regarding the status and progress of homœopathy.

Appointment of.—Each of these bureaus shall consist of five members, who, with the exception of the chairman, shall be appointed annually by the president, with the advice of the other members of the executive board.

Papers and reports presented to the Society shall be referred to their respective bureaus, to be prepared for publication.

Chairmen of similar bureaus, in county Societies, shall be *ex officio* corresponding members of these bureaus.

[At the annual meeting of the Society held February 13, 1872, the following bureaus were established, viz., ophthalmology, gynæcology, pædology, histology, climatology, vital statistics, vaccination and medical education; also the following departments, viz., of pharmacy in connection with the bureau of materia medica, and of necrology in connection with the bureau of statistics.]

Section 9.—Members.

Ratio of Delegates from County Homœopathic Medical Societies.—Each county homœopathic medical society in this State is entitled to elect as many delegates to this Society as there are members of Assembly from their respective counties.*

From each Homœopathic Medical College.—Each homœopathic medical college in this State may respectively elect one delegate to this Society.*

Delegates to be divided into four classes.—Delegates to this Society shall be divided into four classes, one of which shall go out of office annually; and it is hereby made the duty of the secretary to classify them so as to keep the number as nearly equal as possible.*

Permanent Members.—The Society may elect sixteen permanent members, not to exceed two annually, from any one judicial district, previous nomination at an annual meeting of the State Medical Society and by a county medical society being a prerequisite.†

Privileges of.—Persons so elected shall be entitled to all the privileges of membership.

Six Honorary Members may be annually elected; previous nomination required.—The Society may elect honorary members, non-resident of this State, not to exceed six in number in any one year, the names of such persons having been presented at least one year previous to their election.‡

Privileges of.—Honorary members shall not be entitled to vote at the meetings of the Society, or be subject to taxation.

Honorary degree of Doctor of Medicine to be conferred by Regents of the University; who are eligible to nomination.—The Society may annually recommend the names of four persons to the Regents of the University for the honorary degree of Doctor of Medicine; provided that the persons so recommended shall possess good moral and professional standing, shall have attained the age of forty-five years, and shall have received not less than two-thirds of the votes of the members present at any annual meeting. The mode of nomination shall be as follows: The Society shall, by open nomination, present the names of any number of physicians, and afterward the names of the candidates, or such of them as each member shall please to vote for; the number to be voted for at one ballot shall not exceed four, and the names of those only who shall have received two-thirds of the votes of the members present shall be presented

Section 10.

Fees.—Three dollars shall be due annually from each permanent member and five dollars from each delegate.

* See delegate list of members and classification of counties, Article CXXIV.
† See list of permanent members, Article CXXIII.
‡ See list of honorary members, Article CXXII.

Section 11.

County Societies: Duties of the secretaries of the county societies.—The secretaries of each of the county homœopathic medical societies in this State are requested to furnish the recording secretary of this Society, on or before the first day of January of each year, a report consisting of:

1. A list of officers and members of their respective societies, with their address in full.
2. Biographical notices of any who have died during the previous year.
3. The time of holding annual and regular meetings, together with a list of all medical committees, and a complete copy of the proceedings of each meeting.
4. A copy of all reports of general interest, also copies of addresses and communications on subjects relating to medical science.

Section 12.

Nominating committee.—At each annual meeting a committee on nominations shall be appointed to nominate officers of the Society, chairman of bureaus, delegates to other societies, honorary and permanent members; the latter, in all cases, must be selected from lists furnished by county societies.

Section 13.

Communications: Publication of communications.—Communications read before the Society become its property, to be deposited in its archives; but no paper shall be published as a part of the transactions without the approval of a majority of the committee on publication, unless the same be ordered by a vote of the Society.

Section 14.

Order of business.—At the meeting of the Society the following shall be the regular order of business:

First day. 1. Communication from the president.
2. Reading of the minutes of the last meeting.
3. Appointment of the nominating committee.
4. Report of the executive committee on credentials.
5. Election of permanent and honorary members previously nominated.
6. Report of the treasurer, and the auditing of his accounts.

No other business shall be considered by the Society until the foregoing items are disposed of, when subjects of a miscellaneous character may be entered upon.

Annual address of the president in the evening.

Second day. 1. Report of nominating committee and election of officers.
2. Reports of medical committee.
3. Presentation of reports, and communications on medical and surgical subjects.

Section 15.

Amendments.—These by-laws may be altered or amended at any regular meeting by the vote of a majority of members present.

CXXI.

List of Officers, 1850 to 1872.

Presidents.

Isaac M. Ward	New York	First District.	1850
Fed'k Vanderburgh*	Rhinebeck	Second District	1851
Lyman Clary	Syracuse	Fifth District	1852
Alonzo S. Ball	New York	First District	1853
Amerst Childs*	Waterloo	Seventh District	1854
Samuel S. Guy	Brooklyn	Second District	1855
M. M. Matthews*	Rochester	Seventh District	1856
R. S. Bryan*	Troy	Third District	1857
Ethan A. Potter*	Oswego	Fifth District	1861
Jacob Beakley	New York	First District	1862
Henry D. Paine	New York	First District	1863
Erastus A. Munger	Waterville	Fifth District	1864
Abijah P. Cook	Hudson	Third District	1865
Horatio Robinson	Auburn	Seventh District	1866
Benjamin F. Cornell	Moreau Station	Fourth District	1867
William H. Watson	Utica	Fifth District	1868
William Wright	Brooklyn	Second District	1869
Lucien B. Wells	Utica	Fifth District	1870
John F. Gray	New York	First District	1871
H. A. Houghton	Keeseville	Fourth District	1872

Alphabetical List.

Alonzo S. Ball	1853	M. M. Matthews	1856
Jacob Beakley	1862	Erastus A. Munger	1864
R. S. Bryan	1857	Henry D. Paine	1863
Amherst Childs	1854	Ethan A. Potter	1861
Lyman Clary	1852	Horatio Robinson	1866
Abijah P. Cook	1865	Fred'k Vanderburgh	1851
Benjamin F. Cornell	1867	Isaac M. Ward	1850
John F. Gray	1871	William H. Watson	1868
Samuel S. Guy	1855	Lucien B. Wells	1870
H. A. Houghton	1872	William Wright	1869

Vice-Presidents.

Dr. Durfee Chase*	Palmyra	1st Vice-President,	1850
R. S. Bryan*	Troy	2d "	1850
Alonzo S. Ball	New York	3d "	1850
Lyman Clary	Syracuse	1st "	1851
George W. Lewis	Buffalo	3d "	1851
Alonzo S. Ball	New York	1st "	1852
E. L. Coburn*	Hudson	2d "	1852
Durfee Chase*	Palmyra	3d "	1852
N. H. Warner*	Buffalo	1st "	1853
F. Humphreys†	New York	2d "	1853
Samuel S. Guy	Brooklyn	2d "	1853
Lucien B. Wells	Utica	3d "	1853
Henry Adams*	Cohoes	1st "	1854
Josiah Bowers*	New York	2d "	1854
E. T. Richardson	Brooklyn	3d "	1854
M. M. Matthews*	Rochester	1st "	1855
R. S. Bryan*	Troy	2d "	1855

* Deceased. † Expelled.

Dr. David Springsteed	Albany	3d	Vice-President,	1855
J. M. Quinn*	New York	1st	"	1856
Henry Adams*	Cohoes	2d	"	1856
Lucien B. Wells	Utica	3d	"	1856
Abijah P. Cook	Hudson	1st	"	1857
Lucien B. Wells	Utica	2d	"	1857
Simeon A. Cook	Troy	1st	"	1861
A. R. Wright	Buffalo	2d	"	1861
Cornelius Ormes	Jamestown	3d	"	1861
A. R. Wright	Buffalo	1st	"	1862
Erastus A. Munger	Waterville	2d	"	1862
William S. Searle	Troy	3d	"	1862
William Wright	Brooklyn	1st	"	1863
C. Wm. Boyce	Auburn	2d	"	1863
Asa S. Couch	Fredonia	3d	"	1863
Samuel S. Guy	Brooklyn	1st	"	1864
A. R. Morgan	——	2d	"	1864
Asa S. Couch	Fredonia	3d	"	1864
Benj. F. Cornell	Fort Edward	1st	"	1865
Benj. F. Bowers	New York	2d	"	1865
Lorenzo M. Kenyon	Buffalo	3d	"	1865
Lucien B. Wells	Utica	1st	"	1866
Wm. B. Stebbins	Little Falls	2d	"	1866
Edgar B. Cole*	Waterford	3d	"	1866
S. B. Barlow	New York	1st	"	1867
Wm. H. Watson	Utica	2d	"	1867
Lester M. Pratt	Albany	3d	"	1867
T. F. Allen	New York	1st	"	1868
T. L. Brown	Binghamton	2d	"	1868
D. F. Bishop	Lockport	3d	"	1868
E. B. Homes	Canandaigua	1st	"	1869
Henry Minton	Brooklyn	2d	"	1869
Ezra P. K. Smith	Auburn	3d	"	1869
Edwin H. Hurd	Rochester	1st	"	1870
Ezra P. K. Smith	Auburn	2d	"	1870
T. Franklin Smith	Harlem	3d	"	1870
T. Franklin Smith	Harlem	1st	"	1871
J. C. Raymond	Utica	2d	"	1871
A. W. Holden	Glen's Falls	3d	"	1871
Charles Sumner	Rochester	1st	"	1872
H. S. Hutchins	Batavia	2d	"	1872
G. L. Gifford	Hamilton	3d	"	1872

Alphabetical List.

Adams, Henry	1st	V.-P.	1854	Cook, Simeon A.	1st	V.-P.	1861
Adams, Henry	2d	"	1856	Cornell, Benj. F.	1st	"	1865
Allen, T. F.	1st	"	1868	Couch, Asa S.	3d	"	1863
Ball, Alonzo S.	1st	"	1852	Couch, Asa S.	3d	"	1864
Ball, Alonzo S.	3d	"	1850	Guy, Samuel S.	2d	"	1853
Barlow, S. B.	1st	"	1867	Guy, Samuel S.	1st	"	1864
Bishop, D. F.	3d	"	1868	Gifford, G. L.	3d	"	1872
Bowers, Josiah	2d	"	1854	Holden, A. W.	3d	"	1871
Bowers, Benj. F.	2d	"	1865	Holmes, E. B.	1st	"	1869
Boyce, C. Wm.	2d	"	1863	Humphreys, F.	2d	"	1853
Brown, T. L.	2d	"	1868	Hurd, Edwin H.	1st	"	1870
Bryan, R. S.	2d	"	1850	Hutchins, H. S.	2d	"	1872
Bryan, R. S.	2d	"	1855	Kenyon, Lorenzo N.	3d	"	1865
Chase, Durfee	1st	"	1850	Lewis, G. W.	3d	"	1851
Chase, Durfee	3d	"	1852	Matthews, M. M.	1st	"	1855
Clary, Lyman	1st	"	1851	Minton, Henry	2d	"	1869
Coburn, E. L.	2d	"	1852	Morgan, A. R.	2d	"	1864
Cole, Edgar B.	3d	"	1866	Munger, E. A.	2d	"	1862
Cook, Abijah P.	1st	"	1857	Ormes, Cornelius	3d	"	1861

* Deceased.

Pratt, Lester M.....	3d	V.-P....	1867	Sumner, Charles.....	1st	V.-P...	1872
Quinn, J. M.....	1st	"	1856	Warner, N. H.....	1st	"	1853
Raymond, J. C.....	2d	"	1871	Watson, Wm. H.....	2d	"	1867
Richardson, E. T....	3d	"	1854	Wells, Lucien B.....	3d	"	1853
Searle, Wm. S.....	3d	"	1862	Wells, Lucien B.....	3d	"	1856
Smith, Ezra P. K....	3d	"	1869	Wells, Lucien B.....	2d	"	1857
Smith, Ezra P. K....	2d	"	1870	Wells, Lucien B.....	1st	"	1866
Smith, T. Franklin...	3d	"	1870	Wright, A. R.....	2d	"	1861
Smith, T. Franklin...	1st	"	1871	Wright, A. R.....	1st	"	1862
Springsteed, David...	3d	"	1855	Wright, Wm.....	1st	"	1863
Stebbins, W. B.....	2d	"	1866				

Secretaries.

Dr. Henry D. Paine, Secretary.....	New York.....	1850–57
H. B. Fellows, Corresponding Secretary.....	Chicago, Ill.....	1864–66
H. B. Fellows, Recording Secretary.....	"	1867
E. D. Jones, Cor. Sec'y, 140 State street.....	Albany.....	1867–72
H. M. Paine, Rec. Sec'y, 104 State Street.....	"	1861–1866, '68–72

Treasurers.

Dr. Henry D. Paine.....	New York	1850–56
James W. Cox.....	Albany.....	1857–61
Lucien B. Wells...	Utica.....	1862–65
John S. Delavan.....	Albany.....	1866
J. W. Cox.....	"	1867
W. S. Searle.....	Brooklyn.....	1868–70
James F. McKown.....	Albany.....	1871
Nelson Hunting, 84 Grand street.....	Albany.....	1872

CXXII.

List of Honorary Members.

"The society may elect honorary members, non-residents of this State, not to exceed six in number in any one year, the names of such persons having been presented at least one year previous to their election. Honorary members shall not be entitled to vote at the meetings of the society, or be subject to taxation.—*Extract from the By-laws.*

1864.

Constantine Herring, M. D., 112 North Eleventh street, Philadelphia, Penn.
I. T. Talbot, M. D., 31 Mt. Vernon street, Boston, Mass.
E. C. Witherill,* M. D., Cincinnati, Ohio.

1865.

Gaylord D. Beebe, M. D., 66 Randolph street, Chicago, Ill.
Edwin M. Hale, M. D., 124 South Clark street, Chicago, Ill.
William Tod Helmuth, M. D., 21 West Thirty-seventh street, New York.
A. H. Okie, M. D., Providence, R. I.
John C. Sanders, M. D., Cleveland, Ohio.
David Wilson, M. D., 62 Brook street, W. London, England.

1866.

Elial T. Foote, M. D., New Haven, Conn.
Samuel Gregg, M. D., 85 Howard street, Boston, Mass.
Charles T. Harris, M. D., Manchester, Mich.
William E. Payne, M. D., Bath, Maine.
Francis Sims, M. D., 709 Pine street, Philadelphia, Penn.
David S. Smith, M. D., 402 Michigan avenue, Chicago, Ill.

* Deceased.

1867.

Walter Williamson,* M. D., Philadelphia, Penn.
Ira Barrows, M. D., Providence, R. I.
Robert E. Dudgeon, M. D., 53 Montague square, W. London, England.
E. C. Franklin, M. D., 709 Pine street, St. Louis, Mo.
William F. Jackson, M. D., 84 Dudley street, Boston, Mass.
Alvin E. Small, M. D., 124 South Clark street, Chicago, Ill.

1868.

Charles Cropper, M. D., Lebanon, Ohio.
Charles Cullis, M. D., 16 Somerset, Boston, Mass.
Edwin R. Heath, M. D., ——— Kansas.
William H. Holcomb, M. D., New Orleans, La.
Bushrod W. James, M. D., 1821 Green street, Philadelphia, Penn.

1869.

William Bayes, M. D., 58 Brook street, Grosvenor square, W. London, England.
T. Cation Duncan, M. D., 287 West Randolph street, Chicago, Ill.
William Henderson, M. D., 19 Ainslie place, Edinburgh, Scotland.
John C. Morgan, M. D., 1700 Chestnut street, Philadelphia, Penn.

1870.

John Drummond, M. D., Montague House, Manchester, England.
John J. Drysdale, M. D., 36 A. Rodney street, Liverpool, England.
John J. Edic, M. D., 134 Shawnee street, Leavenworth, Kansas.
——— Von Grauvogle, M. D., Nuremberg, Germany.
H. R. Madden, M. D., 36 Sackville street, Piccadilly, W. London, England.
D. G. Woodvine, M. D., 739 Tremont street, Boston, Mass.

1871.

C. Hempel, M. D., St. Petersburg, Russia.
B. Hirschel, M. D., Dresden, Saxony.
Alfred C. Pope, M. D., Moselle villa, Lee road, Lee, England.
Mathias Roth, M. D., 16 A. Old Cavendish street, W. London, England.
Robert J. McClatchey, M. D., 918 North Tenth street, Philadelphia, Penn.

1872.

C. G. McKnight, M. D., Providence, R. I.
W. W. Rodman, M. D., New Haven, Conn.

Nominated for Honorary Membership, 1872.

W. C. Doane, M. D., Williamsport, Penn.
E. H. Ruddock, M. D., 2 Finsbury Circus, London, England.
L de V. Wilder, M. D., Hartford, Conn.
F. B. Mandeville, M. D., 940 Broad street, Newark, N. J.
Samuel Worcester, M. D., Burlington, Vt.

Connecticut.

Dr. Elial T. Foot	1866
W. W. Rodman	1872

Illinois.

Dr. Gaylord D. Beebe	1865
T. C. Duncan	1869
E. M. Hale	1865
A. E. Small	1867
D. S. Smith	1866

* Deceased.

Kansas.

Dr. E. R. Heath..... 1868
John J. Edic..... 1870

Louisiana.

Dr. William H. Holcomb..... 1868

Maine.

Dr. William E. Payne..... 1866

Massachusetts.

Dr. Charles Cullis..... 1866
Samuel Gregg..... 1866
W. F. Jackson..... 1867
I. T. Talbot..... 1864
D. G. Woodvine..... 1870

Michigan.

Dr. C. T. Harris..... 1866

Missouri.

Dr. E. C. Franklin..... 1867

Ohio.

Dr. C. Cropper..... 1868
J. C. Sanders..... 1865

Pennsylvania.

Dr. C. Hering..... 1864
B. W. James..... 1868
R. J. McClatchey..... 1871
J. C. Morgan..... 1869
Francis Sims..... 1866

Rhode Island.

Dr. Ira Barrows..... 1867
A. H. Okie..... 1865
C. G. McKnight..... 1872

England.

Dr. William Bayes..... 1869
John Drummond..... 1870
John J. Drysdale..... 1870
R. E. Dudgeon..... 1867
H. R. Madden..... 1870
Alfred C. Pope..... 1871
Mathias Roth..... 1871
David Wilson..... 1865

Scotland.

Dr. William Henderson..... 1869

Germany.

Dr. ——— Von Grauvogle..... 1870
B. Hirschel..... 1871

Russia.

Dr. C. Hempel..... 1871

CXXIII.

List of Permanent Members.

The State Medical Society is designed to be essentially a representative body. It is composed primarily of delegates from the several county medical societies. The laws of this State provide for a delegated membership of four years' duration, and, in addition thereto, the annual election of a limited number of permanent members.

"It shall and may be lawful for the Medical Society to elect annually such a number of permanent members as they may from time to time determine by their by-laws, not to exceed two annually, from any one senatorial (present judicial) district."—*Revised Statutes.*

The following extract from the by-laws of the society authorizes the annual election of *sixteen* permanent members, and confers upon them equal privileges with the delegates from the county societies:

"The society may annually elect sixteen permanent members, not to exceed two annually from any one judicial district, previous nomination at an annual meeting of the State Medical Society, and by a county medical society being a prerequisite. Persons so elected shall be entitled to all the privileges of membership."

FIRST DISTRICT.

City and County of New York.

Dr.	Alonzo S. Ball,	New York, New York county	1863
	Jacob Beakley,	" "	1863
	Henry D. Paine,	" "	1863
	J. Ralsey White,	" "	1863
	Samuel B. Barlow,	" "	1864
	Daniel D. Smith,	" "	1864
	Carroll Dunham,	" "	1865
	Samuel S. Guy,	" "	1865
	Egbert Guernsey,	" "	1865
	Henry M. Smith,	" "	1865
	Benj. F. Bowers,	" "	1866
	John F. Gray,	" "	1866
	E. M. Kellogg,	" "	1866
	A. R. Morgan,	" "	1866
	A. C. Burke,	" "	1867
	Lewis Hallock,	" "	1867
	F. W. Hunt,	" "	1867
	G. E. Belcher,	" "	1868
	B. F. Joslyn,	" "	1868
	T. F. Allen,	" "	1869
	E. P. Fowler,	" "	1869
	H. B. Millard,	" "	1870
	T. F. Smith,	" "	1871
	Robert McMurray,	" "	1871
	S. Lilienthal,	" "	1872

SECOND DISTRICT.

Richmond, Suffolk, Orange, Kings, Westchester, Queens, Rockland, Dutchess and Putnam Counties.

Dr.	R. C. Moffat,	Brooklyn, Kings county	1863
	P. P. Wells,	" "	1863
	Henry Minton,	" "	1864
	William Wright,	" "	1864
	Ed. T. Richardson,	" "	1865
	Wm. S. Searle,	" "	1865

Dr. John Sarle, Brooklyn, Kings county 1866
Albert Wright, " " 1866
Daniel L. Everitt, " " 1867
Samuel C. Hanford, " " 1868
A. C. Hull,* " " 1869
I. S. P. Lord, Poughkeepsie, Dutchess county, ... 1869
H. N. Avery, " " 1870
H. E. Morrill, Brooklyn, Kings county 1870
Wm. Baxter, Wappingers Falls, Dutchess county 1872

THIRD DISTRICT.

Columbia, Rensselaer, Sullivan, Ulster, Albany, Greene, and Schoharie Counties.

Dr. Abijah P. Cook, Hudson, Columbia county 1863
E. Darwin Jones, Albany, Albany county 1864
Horace M. Paine, " " 1864
Lester M. Pratt, " " 1864
G. H. Billings, " " 1865
Richard D. Bloss, Troy, Rensselaer county 1865
G. D. Crispell, Kingston, Ulster county 1867
D. L. Everett, Modena, " 1867
T. T. Calkins, Hudson, Columbia county 1868
M. W. Campbell, Troy, Rensselaer county 1868
C. H. Carpenter, " " 1869
J. W. Cox, Albany, Albany county 1869
F. W. Ingalls, Kingston, Ulster county 1870
C. G. Clark, Troy, Rensselaer county 1870
John S. Delavan, Albany, Albany county 1871
James F. McKown, Albany, Albany county 1871
Charles P. Cook, Hudson, Columbia county 1872
Wright H. Barnes, Chatham, Columbia county 1872
N. Hunting, Albany, Albany county 1872

FOURTH DISTRICT.

Warren, Saratoga, St. Lawrence, Washington, Essex, Franklin, Clinton, Montgomery, Hamilton, Fulton and Schenectady Counties.

Dr. Benjamain F. Cornell, Fort Edward, Washington county 1863
Charles M. Mosher, Easton, Washington county 1863
David H. Bullard, Glen's Falls, Warren county 1864
H. A. Houghton, Keeseville, Essex county 1865
Samuel J. Pearsall, Saratoga Springs, Saratoga county 1866
W. G. Woolcott,* Whitehall, Washington county 1866
E. B. Cole,* Waterford, Saratoga county 1867
D. E. Southwick, Ogdensburgh, St. Lawrence county 1867
Harmon Swits, Schenectady, Schenectady county 1868
H. J. Ward, North Granville, Washington county 1869
A. W. Holden, Glen's Falls, Warren county 1869
G. H. Beach, Sandy Hill, Washington county 1870
J. N. White, Amsterdam, Montgomery county 1870
John F. Miller, Cambridge, Washington county 1871
Thomas J. Pettit, Fort Plain, Montgomery county 1871
H. K. Bennett, Whitehall, Washington county 1872
James Cromwell, Lake George, Warren county 1872

FIFTH DISTRICT.

Oneida, Onondaga, Jefferson, Oswego, Herkimer, and Lewis counties.

Dr. Erastus A. Munger, Waterville, Oneida county 1863
Lucien B. Wells, Waterville, Oneida county 1864
Ethan A. Potter,* Oswego, Oswego county 1865
T. Dwight Stow, Fulton, Oswego county 1865

* Deceased.

Dr. Solomon C. Warren, Jordan, Onondaga county 1865
J. G. Bigelow, Syracuse, Onondaga county 1866
Lyman Clary, Syracuse, Onondaga county 1866
William A. Hawley, Syracuse, Onondaga county 1866
M. M. Gardner, Utica, Oneida county 1866
William H. Watson, Utica, Oneida county 1866
Augustus Pool, Oswego, Oswego county 1867
J. C. Raymond, Utica, Oneida county 1867
G. C. Hibbard, Adams, Jefferson county 1868
William Henry Hoyt, Mannsville, Jefferson county 1868
B. B. Schenck, Plainville, Onondaga county 1868
C. Judson Hill, Utica, Oneida county 1869
G. D. McManus, Oswego, Oswego county 1869
L. B. Waldo, Oswego, Oswego county 1870
S. C. Knickerbocker, Watertown, Jefferson county 1870
A. B. Southwick, Rome, Onondaga county 1871
H. V. Miller, Syracuse, Onondaga county 1871
N. Spencer, Winfield, Herkimer county 1872
Wm. B. Stebbins, Little Falls, Herkimer county 1872

SIXTH DISTRICT.

Otsego, Delaware, Madison, Chenango, Tompkins, Broome, Chemung, Tioga and Cortland Counties.

Dr. Titus L. Brown, Binghamton, Broome county 1863
T. S. Blodgett, Cooperstown, Otsego county 1864
P. W. Gray,* Elmira, Chemung county 1865
D. D. Looms, Morrisville, Madison county 1867
Ira C. Owen, Sherburne, Chenango county 1867
George B. Palmer, East Hamilton, Madison county 1867
H. F. Adams, Canastota, Madison county 1868
Charles Lowrey, Homer, Cortland county 1868
G. L. Gifford, Hamilton, Madison county 1868
S. D. Hand, Binghamton, Broome county 1869
A. E. Wallace, Oneida, Madison county 1869
E. C. Bass, Cazenovia, Madison county 1870
R. E. Miller, Oxford, Chenango county 1871
N. R. Seeley, Elmira, Chemung county 1871
S. Spooner, Oneida, Madison county 1872
Edward Loomis, Oneida, Madison county 1872

SEVENTH DISTRICT.

Livingston, Ontario, Wayne, Yates, Steuben, Schuyler, Seneca, Cayuga, and Monroe Counties.

Dr. H. S. Benedict,* Corning, Steuben county 1863
C. William Boyce, Auburn Cayuga county 1863
G. Z. Noble, Dundee, Yates county 1864
H. Barton Fellows, Chicago, Illinois 1865
William Gulic, Weston, Schuyler county 1865
Horatio Robinson, Sr., Auburn, Cayuga county 1866
Horatio Robinson, Jr., Auburn Cayuga county 1867
M. F. Sweeting, South Butler, Wayne county 1867
E. H. Hurd, Rochester, Monroe county 1868
M. M. Matthews,* Rochester, Monroe county 1868
E. B. Holmes, Canandaigua, Ontario county 1869
E. P. K. Smith, Auburn, Cayuga county 1869
Hilon Doty, Rochester, Monroe county 1870
C. E. Swift, Auburn, Cayuga county 1870
W. M. Gwynn, Throopsville, Cayuga county 1870
W. B. Brown, Palmyra, Wayne county 1871
J. H. Stebbins, Geneva, Ontario county 1871
G. W. Peer, Rochester, Monroe county 1872
T. C. White, Rochester, Monroe county 1872

* Deceased.

EIGHTH DISTRICT.

Erie, Chautauqua, Cattaraugus, Orleans, Niagara, Genesee, Allegany and Wyoming Counties.

Dr. A. R. Wright, Buffalo, Erie county 1863
D. F. Bishop, Lockport, Niagara county 1864
A. S. Couch, Fredonia, Chautauqua county 1864
Alfred H. Beers,* Buffalo, Erie county 1865
Rollin R. Gregg, Buffalo, Erie county 1865
Lorenzo M. Kenyon, Buffalo, Erie county 1866
R. S. Bishop, Medina, Orleans county 1867
G. A. Hall, Westfield, Chautauqua county 1868
E. J. Cook, Buffalo, Erie county 1869
G. W. Lewis, Buffalo, Erie county 1869
H. S. Hutchins, Batavia, Genesee county 1870
A. T. Bull, Buffalo, Erie county 1870
Alvin Shattuck, Buffalo, Erie county 1871
Cornelius Ormes, Jamestown, Chautauqua county 1871
Hubbard Foster, Buffalo, Erie county 1872

Nominated for Permanent Membership, February, 1872.

First District.—Dr. Wm. Tod Helmuth, New York; Dr. J. W. Dowling, New York.

Second District.—Dr. Everett Hasbrouck, Brooklyn, Kings county; Dr. G. F. Foote, Middletown, Orange county.

Third District.—Dr. F. L. Vincent, Troy, Rensselaer county; Dr. W. H. Randell, Albany, Albany county.

Fourth District.—Dr. H. D. Brown, Pottsdam, St. Lawrence county; Dr. G. W. Little, Fort Edward, Washington county.

Fifth District.—Dr. D. W. Vanderburgh, Illion, Herkimer county; Dr. M. H. Bronson, Lowville, Lewis county.

Sixth District.—Dr. Jay Ball, Cortlandville, Cortland county; Dr. Henry Sayles, Elmira, Chemung county.

Seventh District.—Dr. J. W. Bryan, Corning, Steuben county; Dr. Charles Sumner, Rochester, Monroe county.

Eighth District.—Dr. C. F. Baker, Batavia, Genesee county; Dr. J. M. Cadmus, Hammondsport, Steuben county.

Alphabetical List of Permanent Members.

	District.		District.
Adams, H. F.	6	Barnes, W. H.	3
Allen, T. F.	1	Bennett, H. K.	4
Avery, H. N.	2	Calkins, T. T.	3
Ball, A. S.	1	Campbell, M. W.	3
Barlow, Samuel B.	1	Clary, L.	5
Beakley, Jacob	1	Cook, A. P.	3
Belcher, G. E.	1	Cook, E. G	8
Bigelow, J. G.	5	Couch, A. S.	8
Billings, G. H.	2	Cornell, B. F.	4
Bishop, D. F.	8	Cox, J. W.	3
Bishop, R. S.	8	Crispell, G. D.	3
Blodgett, T. S.	6	Clark, C. G.	3
Bloss, R. D.	8	Cook, Charles P.	2
Bowers, B. F.	1	Cromwell, James	4
Boyce, C. W.	7	Doty, Hilon	7
Brown, T. L.	6	Dunham, C.	1
Bullard, D. H.	4	Delavan, John S.	3
Burke, A. C.	1	Everett, D. L.	2
Beach, G. H.	4	Fellows, H. B.	7
Bass, E. C.	6	Fowler, E. P.	1
Bull, A. T.	8	Foster, Hubbard	8
Brown, W. B.	7	Gardner, M. M.	5
Baxter, Wm.	2	Gifford, G. L.	5

* Deceased.

	District.
Gregg, R. R.	8
Gray, John F.	1
Guernsey, E.	1
Gulic, William	7
Guy, S. S.	1
Gwynn, W. M.	7
Hall, Geo. A.	8
Hallock, L.	1
Hand, S. D.	6
Hanford, S. C.	2
Hibbard, G. C.	5
Hill, C. J.	5
Hawley, W. A.	5
Holden, A. W.	4
Houghton, H. A.	4
Hoyt, W. H.	5
Hunt, F. W.	1
Hurd, E. H.	7
Hutchins, H. S.	8
Hunting, N.	3
Ingalls, F. W.	3
Jones, E. D.	3
Joslyn, B. F.	1
Kellogg, E. M.	1
Kenyon, L. M.	8
Knickerbocker, S. C.	5
Lewis, G. W.	8
Loomis, D. D.	6
Lord, I. S. P.	2
Lowrey, Chas	6
Lilienthal, S.	1
Loomis, Edward	6
McManus, G. D.	5
Millard, H. B.	1
Minton, H.	2
Moffatt, R. C.	2
Morgan, A. R.	5
Morrill, H. E.	2
Mosher, C. M.	4
Munger, E. A.	5
McKown, James F.	3
Miller, John F.	4
McMurray, Robert	1
Miller, H. V.	5
Miller, R. E.	6
Noble, G. Z.	7
Owen, Ira C.	6
Ormes, Cornelius	8
Paine, H. D.	1
Paine, H. M.	3
Palmer, G. B.	6
Pearsall, S. J.	4
Pool, A.	5
Pratt, L. M.	3
Pettit, Thomas J.	4
Peer, G. W.	7
Raymond, J. C.	5
Richardson, E. T.	2
Robinson, H., Sen	7
Robinson, H., Jr.	7
Shattuck, Alvin	8
Stebbins, J. H.	7
Sarle, John	2
Schenck, B. B.	5
Searle, W. S.	2
Smith, D. D.	1
Smith, E. P. K.	7
Smith, H. M.	1
Southwick, D. E.	4
Sweeting, M. F.	7
Swits, H.	4
Stow, T. D.	5
Swift, C. E.	7
Smith, T. Franklin	1
Southwick, A. B.	5
Seeley, N. R.	6
Spencer, N.	5
Stebbins, Wm. B.	5
Spooner, Stillman	6
Waldo, L. B.	5
Wallace, A. E.	6
Ward, J. H.	3
Warren, S. C.	5
Watson, W. H.	5
Wells, L. B.	5
Wells, P. P.	2
White, J. R.	1
Wright, A.	2
Wright, A. R.	8
Wright, Wm.	2
White, J. N.	4
White, T. C.	7

CXXIV.

List of Delegates and Classification of Counties.

The State Medical Society is designed to be essentially a representative body, composed primarily of delegates from the several county medical societies; accordingly the laws of this State provide:

1. For the organization of county medical societies.
2. The representation of said county organization in a State Medical Society.
3. Delegated membership in said State Society of four years' duration.
4. The arrangement of said delegates into four nearly equal classes.

"Said (State) Society shall be composed of as many members from each county medical society as there are members of Assembly from such county, elected by ballot at their annual meeting.

"The members now composing the Medical Society of the State of New York, from each of the four great districts, shall remain divided into four classes, and one class from each of said districts shall go out of office annually.

"In case there shall be an addition to the number of members composing the Medical Society of the State, that in that case it shall be in the power of said Society, at any of their annual meetings, and as often as they shall judge necessary, to alter and vary the classes in such manner as that one-fourth of the members from each of the great districts, as near as may be, shall annually go out of office.

"It shall be the duty of the secretary of the Medical Society of the State of New York, whenever the seats of any of the members shall become vacant, to give information of the same to the respective county societies, to the end that such county societies may supply such vacancy at the next meeting."—*Revised Statutes.*

By means of the following arrangement, county medical societies are divided into four nearly equal classes, thus securing the annual election of about one-fourth the whole number of delegates to the State Society.*

Officers of the county medical societies and other institutions are particularly requested to examine this classification, in order to ascertain when the election of delegates by their respective societies is required. They are also invited to consult the list of permanent members on pages 671–672 in order to exclude the names of any who may have been previously elected permanent members of the State Medical Society. Whenever delegates are elected permanent members, others should be chosen in their places.

Class I.

Term of office expires at the close of the annual meeting of the State Medical Society, February, 1874.

Albany County Medical Society—Four delegates.
Dr. W. H. Randel, 1 Clinton place.
G. A. Cox, Albany.
S. H. Carroll, 50 Columbia street.
H. G. Preston, 61 Eagle street, Albany.

Albany City Dispensary—One delegate.
Dr. F. W. Halsey.

Allegany County Medical Society—One delegate.

Broome County Medical Society—One delegate.
Dr. Titus L. Brown, 45 Collier street, Binghamton.

Cattaraugus County Medical Society—Two delegates.

* Inasmuch as the term of office of one class, or one-fourth the number of delegates, expires at the close of each annual meeting of the State Society, all elections by county societies and institutions entitled to representation in the State Society should be held at the annual meeting preceding the expiration of their respective terms.

CAYUGA COUNTY MEDICAL SOCIETY—Two delegates.
Dr. G. H. Parsell, Weedsport.
Wm. M. Sprague, 127 Genesee street, Auburn.

CHAUTAUQUA COUNTY MEDICAL SOCIETY—Two delegates.
Dr. Alva F. Ward, Jamestown.
John T. Blakeney, Dunkirk.

CHEMUNG COUNTY MEDICAL SOCIETY—One delegate.
Dr. Henry Sayles, Elmira.

CHENANGO COUNTY MEDICAL SOCIETY—One delegate.
Dr. Charles A. Church, Norwich.

CLINTON COUNTY MEDICAL SOCIETY—One delegate.

COLUMBIA COUNTY MEDICAL SOCIETY—Two delegates.
Dr. Wright H. Barnes, Chatham.
Philip W. Mull, Ghent.

CORTLAND COUNTY MEDICAL SOCIETY—One delegate.

DELAWARE COUNTY MEDICAL SOCIETY—Two delegates.

DUTCHESS COUNTY MEDICAL SOCIETY—One delegate.
Dr. B. Lansing, Rhinebeck.

POUGHKEEPSIE HOMŒOPATHIC DISPENSARY—One delegate.
Dr. Henry N. Avery, 92 Cannon street, Poughkeepsie.

ERIE COUNTY MEDICAL SOCIETY—Five delegates.
Dr. A. T. Bull, 98 East Swan street, Buffalo.
G. W. Lewis, 227 Pearl street, Buffalo.
Hubbard Foster, 31 Franklin street, Buffalo.
A. S. Hinkley, 167 Elliott street, Buffalo.

BUFFALO CITY DISPENSARY—One delegate.
Dr. H. Bæthig, Jr., 4 Fourteenth street, Buffalo.

HOSPITAL OF THE INGLESIDE HOME—One delegate.
Dr. Alvin Shattuck, 79 South Division street, Buffalo.

ESSEX COUNTY MEDICAL SOCIETY—One delegate.

FRANKLIN COUNTY MEDICAL SOCIETY—One delegate.

FULTON COUNTY MEDICAL SOCIETY—One delegate.

GENESEE COUNTY MEDICAL SOCIETY—One delegate.

GREENE COUNTY MEDICAL SOCIETY—One delegate.

HAMILTON COUNTY MEDICAL SOCIETY—One delegate.

HERKIMER COUNTY MEDICAL SOCIETY—One delegate.

JEFFERSON COUNTY MEDICAL SOCIETY—One delegate.

Class II.

Term of office expires at the close of the annual meeting of the State Medical Society, February, 1875.

KINGS COUNTY MEDICAL SOCIETY—Nine delegates.
Dr. William S. Searle, 132, Henry street.
A. Wright, 17 Bedford avenue.
S. S. Guy, 94 Greene avenue.
M. A. Tinker, 572 Henry street.
William H. Hanford, 114 Fourth street.
E. Hasbrouck, 253 Thirteenth street.
H. E. Morrill, 78 Orange street.
John Hawkes, 22 Jefferson street.
G. A. Bowen, 53 Orange street.

BROOKLYN HOMŒOPATHIC HOSPITAL—One delegate.
Dr. A. E. Sumner, 150 Joralemon street, Brooklyn.

BROOKLYN HOMŒOPATHIC LYING-IN ASYLUM—One delegate.
Dr. Henry Minton, 184 Remsen street, Brooklyn.

BROOKLYN HOMŒOPATHIC DISPENSARY—One delegate.
Dr. Wm. L. Fiske, 1, Bedford avenue.

Gates Avenue Homœopathic Dispensary.—One delegate.
Dr. S. H. Keep, 469 Vanderbilt avenue, Brooklyn.

Lewis County Medical Society—One delegate.

Livingston County Medical Society—One delegate.
Dr. James A. West, Geneseo.

Madison County Medical Society—Two delegates.
Drs. Stillman Spooner, Oneida.
Edward Loomis, Oneida.

Monroe County Medical Society—Three delegates.
Dr. L. H. Reynolds, Brockport.
T. C. White, 14 South Clinton street, Rochester.
G. W. Peer, Washington Hall, Rochester.

Montgomery County Medical Society—One delegate.
Dr. Chas. Lloyd, Gloversville.

Niagara County Medical Society—Two delegates.
Dr. R. S. Bishop, Medina.
W. S. Whitney, Lockport.

Oneida County Medical Society—Four delegates.
Dr. D. W. Vanderburg, Ilion.
W. Warren.
H. Hadley, Boonville.
N. Spencer, Winfield.

Onondaga County Medical Society—Three delegates.
Dr. B. B. Schenck, Plainville.
W. H. Hoyt, Syracuse House, Syracuse.

Ontario County Medical Society—Two delegates.
Dr. J. B. Voak, Canandaigua.
F. Tompkins, Penn Yan.

Class III.

Term of office expires at the close of the annual meeting of the State Medical Society, February, 1872.

New York County Medical Society—Twenty-one delegates.
Dr. Robert McMurray, 192 Second avenue.
B. F. Joslyn, 50 West Twenty-ninth street.
J. McE. Wetmore, 278 Fourth avenue.
G. E. Belcher, 43 East Twenty-first street.
T. F. Allen, 8 East Thirty-third street.
C. Th. Liebold, 21 West Thirtieth street.
T. F. Smith, 68 East One Hundred and Twenty-eighth street.
J. W. Dowling, 58 West Twenty-fifth street.
A. P. Throop, 120 West Forty-first street.
S. Lilienthal, 230 West Twenty-fifth street.
W. Brinck, 55 East Twenty-first street.
W. H. White, 228 Fifth avenue.
J. G. Baldwin 22 East Twenty-fourth street.
F. S. Bradford, 112 Fourth avenue.
C. Otto Ficht, 155 Madison avenue.
W. T. Helmuth, 21 West Thirty-seventh street.
H. C. Houghton, 3 East Thirty-third street.
H. N. Dunnell, 149 East Fifty-first street.
S. P. Burdick, 303 West Thirty-fourth street.

Hospital of Five Points House of Industry—One delegate.
Dr. St. Clair Smith, New York.

Hospital of Protestant Half-orphan Asylum—One delegate.
Dr. B. F. Bowers, New York.

Hahnemann Hospital—One delegate.
Dr. F. Seeger, New York.

Ophthalmic Hospital—One delegate.
Dr. C. A. Bacon, New York.

BOND STREET DISPENSARY—One delegate.
Dr. Otto Fulgraff, New York.

HARLEM HOMŒOPATHIC DISPENSARY—One delegate.
Dr. Theodore Quick, New York.

DISPENSARY OF HOMŒOPATHIC MEDICAL COLLEGE—One delegate.
Dr. Alfred K. Hills, New York..

METROPOLITAN HOMŒOPATHIC DISPENSARY—One delegate.

NEW YORK HOMŒOPATHIC DISPENSARY—One delegate.
Dr. John S. Linsley, New York.

NORTH-EASTERN HOMŒOPATHIC DISPENSARY—One delegate.
Dr. H. N. Dunnell, New York.

WESTERN HOMŒOPATHIC DISPENSARY—One delegate.
Dr. Hamilton Rickaby, New York..

YORKVILLE HOMŒOPATHIC DISPENSARY—One delegate.
Dr. Benj. Wilson, New York.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE—One delegate.
Dr. John C. Minor, New York.

Class IV.

Term of office expires at the close of the annual meeting of the State Medical Society, February, 1873.

ORANGE COUNTY MEDICAL SOCIETY—Two delegates.
Dr. Jesse T. Hotchkiss, Cornwall.
Charles M. Lawrence, Port Jervis.

MIDDLETOWN INSANE ASYLUM—One delegate.
Dr. H. M. Paine, Albany, Albany county.

ORLEANS COUNTY MEDICAL SOCIETY—One delegate.

OSWEGO COUNTY MEDICAL SOCIETY—Three delegates.
Dr. W. L. Woodbury, Fulton.
D. C. Fowler, Oswego.

OTSEGO COUNTY MEDICAL SOCIETY—Two delegates.
Dr. J. H. Foote, Franklin, Delaware county.
E. B. Warren, Middlefield, Otsego county.

PUTNAM COUNTY MEDICAL SOCIETY—One delegate.

QUEENS COUNTY MEDICAL SOCIETY—Two delegates.

RENSSELAER COUNTY MEDICAL SOCIETY—Three delegates.
Dr. F. L. Vincent, 38 First street, Troy.
E. S. Coburn, 91 Fourth street, Troy.
C. G. Clark, corner Fifth street and Broadway, Troy.

RICHMOND COUNTY MEDICAL SOCIETY—One delegate.

ROCKLAND COUNTY MEDICAL SOCIETY—One delegate.

ST. LAWRENCE COUNTY MEDICAL SOCIETY—Three delegates.
Dr. H. D. Brown, Potsdam.
N. N. Childs, Ogdensburg.
E. E. Fisher, Canton.

SARATOGA COUNTY MEDICAL SOCIETY—Two delegates.
Dr. B. F. Cornell, Moreau Station.
James F. Doolittle Ballston Springs.

SCHENECTADY COUNTY MEDICAL SOCIETY—One delegate.

SCHOHARIE COUNTY MEDICAL SOCIETY—One delegate.

SCHUYLER COUNTY MEDICAL SOCIETY—One delegate.

SENECA COUNTY MEDICAL SOCIETY—One delegate.

STEUBEN COUNTY MEDICAL SOCIETY—Two delegates.
Dr. W. S. Purdy, Bath.
W. J. Bryan, Corning.

SUFFOLK COUNTY MEDICAL SOCIETY—One delegate.

Sullivan County Medical Society—One delegate.

Tioga County Medical Society—One delegate.
Dr. Theodore S. Armstrong, Owego.

Tompkins County Medical Society—One delegate.

Ulster County Medical Society—Three delegates.
Dr. G. D. Crispell, Kingston.
Levi Shaffer, Kingston.
F. W. Ingalls, Kingston.

Warren County Medical Society—One delegate.

Washington County Medical Society—Two delegates.
Dr. B. F. Cornell, Fort Edward, Washington county.
James Cromwell, Lake George.

Wayne County Medical Society—Two delegates.
Dr. O. C. Parsons, Newark.
Myron H. Adams, Palmyra.

Westchester County Medical Society—Three delegates.
Dr. Henry Beakley, Peekskill.
Levi W. Flagg, Yonkers.
Charles W. Torrey, Yonkers.

Morrisania Homœopathic Dispensary—One delegate.
Dr. John M. Miller, Morrisania.

Wyoming County Medical Society—One delegate.

Yates County Medical Society—One delegate.

Number of county medical societies in this State	31

The present membership of the State Medical Society comprises:

Delegates	114
Permanent members	127
Honorary members	40
Total number of members	281

Number of hospitals in this State	8
Number of dispensaries	14
Number of insane asylums	1
Number of lying-in asylums	1
Number of medical journals	1
Number of medical schools and colleges	8

Alphabetical List of Delegate Members.

	Term expires.		Term expires.
Adams, Myron H	1873	Brown, H. H	1873
Allen, T. F	1872	Bryan, W. J	1873
Armstrong, T. S	1873	Bull, A. T	1874
Avery, H. N	1874	Burdick, S. P	1872
Bacon, C. A	1872	Carroll, S. H	1874
Bæthig, H., Jr	1874	Childs, N. N	1873
Baldwin, J. G	1872	Church, Charles A	1874
Barnes, W. H	1874	Clark, C. G	1873
Beakley, H	1873	Coburn, E. S	1873
Belcher, G. E	1872	Cornell, B. F	1873
Bishop, R. S	1875	Cox, G. A	1874
Blakeney, J. T	1874	Crispell, G. D	1873
Bowen, G. A	1875	Cromwell, James	1873
Bowers, B. F	1872	Doolittle, J. F	1873
Bradford, F. L	1872	Dowling, J. W	1872
Brinck, Wm	1872	Dunnell, H. N	1872
Brown, T. L	1874	Eisenbrey, E. H	1875

	Term expires.		Term expires.
Ficht, C. Otto	1872	Preston, H. G.	1874
Fisher, E. E.	1873	Purdy, W. S.	1873
Fiske, Wm. L.	1875	Quick, Theodore	1872
Flagg, L. W.	1873	Randel, W. H.	1874
Foote, George F.	1873	Reynolds, L. H.	1875
Foote, J. H.	1873	Rickaby, H.	1872
Foster, Hubbard	1874	Sayles, Henry	1874
Fowler, DeWitt C.	1873	Schenck, B. B.	1875
Fulgraff, Otto	1872	Searle, W. S.	1875
Guy, S. S.	1875	Seeger, F.	1872
Hinckley, A. S.	1874	Shaffer, Levi	1873
Hanford, Wm. H.	1875	Shattuck, A.	1874
Hills, Alfred K	1872	Smith, St. Clair	1872
Helmuth, Wm. Tod	1872	Smith, T. Franklin	1872
Hadley, H.	1875	Spencer, N.	1875
Hasbrouck, E.	1875	Spooner, Stillman	1875
Hotchkiss, J. T.	1873	Sprague, Wm. M.	1874
Houghton, H. C.	1872	Sumner, A. E.	1875
Hoyt, W. H.	1875	Thomas F. H.	1874
Ingalls, F. W.	1873	Throop, A. P.	1873
Joslin, B. F.	1872	Tinker, M. A.	1875
Keep, S. H.	1875	Tompkins, F.	1875
Lansing, B.	1874	Torrey, C. W.	1873
Lawrence, C. M.	1872	Vanderburg, D. W.	1875
Liebold, C. Th.	1872	Vincent, F. L.	1873
Lewis, George W.	1874	Voak, J. B.	1875
Lilienthal, S.	1872	Ward, Alva F.	1874
Lindsley, J. S.	1872	Warren, E. B.	1873
Loomis, Edward	1875	Warren, W.	1875
McMurray, R.	1872	West, Jas. A.	1875
Miller, J. M.	1873	Wetmore, J. McE.	1872
Minor, J. C.	1872	White, T. C.	1875
Minton, Henry	1875	White, W. H.	1872
Morrill, H. E.	1875	Whitney, W. S.	1875
Mull, P. W.	1874	Woodbury, W. L.	1873
Parsons, O. C.	1873	Wright, A.	1875
Parsell, G. H.	1874	Wilson, Benj.	1872
Peer, G. W.	1875		

CXXV.

List of Members of the American Institute of Homœopathy residing in the State of New York.

An alphabetical list of the members of the American Institute of Homœopathy, residing in the State of New York, elected prior to and including the year 1869, is published in the seventh volume of Transactions, Article LXXXI, page 824.

List of Members Elected June, 1870.

D:. A. M. Piersons, New York city.
Frank H. Thomas, "
Alfred K. Hills, "
J. T. S. Smith, "
E. B. Cole,* Waterford, Saratoga county.
Wm. M. Gwynn, Throopsville, Cayuga county.
Augustus C. Hoxie, Buffalo, Erie county.
Jay W. Sheldon, Syracuse, Onondaga county.

*Deceased.

List of Members Elected June, 1871.

Dr. Charles H. Church, New York city.
H. Powell, "
Myron H. Adams, Palmyra, Wayne county.
Henry F. Aten, Brooklyn.
William J. Bryan, Corning, Steuben county.
James M. Cadmus, Hammondsport, Steuben county.
Stephen H. Carroll, Albany.
Nelson N. Child, Ogdensburgh, St. Lawrence county.
Rynear B. Covert, Geneva, Ontario county.
Benj. F. Grant, Bath, Steuben county.
John T. Greenleaf, Owego, Tioga county.
Nelson Hunting, Albany.
Henry Hutchins, Batavia, Genesee county.
E. Darwin Jones, Albany.
Matthew McCollum, Port Chester, Westchester county.
Harrison V. Miller, Syracuse, Onondaga county.
Oliver G. Peck, North Chatham, Columbia county.
Henry G. Preston, Albany.
Augustus B. Southwick, Rome, Oneida county.
Frank L. Vincent, Troy, Rensselaer county.

CXXVI.

Table of Annual and Regular Meetings of State, County and Local Medical Societies.

January.

First Wednesday, Erie county, annual meeting.
Second Monday, Monroe county, annual meeting.
Second Tuesday, Albany county, annual meeting.
Second Tuesday, Madison county, semi-annual meeting.
Second Tuesday, Chenango county, annual meeting.
Second Tuesday, Niagara county, semi-annual meeting.
Second Wednesday, New York county, monthly meeting.
Second Wednesday, Otsego county, semi-annual meeting.
Second Wednesday, Washington county annual meeting.
Last Wednesday, Westchester county, annual meeting.

February.

First Wednesday, Pennsylvania State Society, annual meeting. M. M. Walker, M. D., recording secretary, 1821 Germantown, Philadelphia.
First Wednesday, Erie county, monthly meeting.
Second Tuesday, Albany county, monthly meeting.
Second Tuesday and Wednesday, State Medical Society, annual meeting in the city of Albany. H. M. Paine M. D., recording secretary, 104 State street, Albany.
Second Wednesday, New York county, monthly meeting.
First part of February, Montgomery county, annual meeting.

March.

First Wednesday, Erie county, monthly meeting.
Second Tuesday, Cayuga county quarterly meeting.
Second Wednesday, New York county, monthly meeting.
Third Thursday, Central society quarterly meeting.

April.

First Tuesday, Dutchess county, semi-annual meeting.
First Wednesday, Erie county, quarterly meeting.
Second Tuesday, Albany county, quarterly meeting.

Second Wednesday, Massachusetts State Society. Annual meeting, Boston. E. U. Jones, M. D., recording secretary, Taunton.
Second Wednesday, New York county, monthly meeting.

May.

First Tuesday, Onondaga county, annual meeting.
First Tuesday, New Jersey State Society, annual meeting. L. Dennis, M. D., recording secretary, Newark.
First Wednesday, Wisconsin State Society, annual meeting. N. A. Gray, M. D., secretary, Milwaukie.
First Wednesday, Kansas State Society. Annual meeting Lawrence. J. J. Edic, M. D., recording secretary, Leavenworth.
Second Tuesday, Albany county, monthly meeting.
Second Tuesday, Columbia county, semi-annual meeting.
Second Tuesday, Kings county, annual meeting. Adjourned monthly meetings are frequently held.
Second Wednesday, Orange county, semi-annual meeting.
Second Wednesday, Ohio State Society. H. H. Baxter, M. D., secretary, Cleveland.
Second Wednesday, New York county, monthly meeting.
Second Wednesday, Tioga county, annual meeting.
Second Wednesday, Indiana State Society, annual meeting. C. P. Jennings, M. D., secretary, Indianapolis.
Second Wednesday, Iowa State Society, annual meeting. G. N. Seidlitz, M. D., recording secretary, Keokuk.
Third Tuesday, Steuben county, annual meeting.
Third Tuesday, Connecticut State Society, annual meeting, New Haven. W. D. Anderson, M. D., recording secretary, New Haven.
Third Tuesday, Illinois State Society, annual meeting, Chicago. J. S. Mitchell, M. D., recording secretary, Chicago.
Third Tuesday, Michigan State Society, annual meeting, Jackson. J. E. Smith, M. D., recording secretary, Jackson. See third Thursday in June.
Fourth Tuesday, Maine State Society, annual meeting, Augusta. S. H. Boynton, M. D., recording secretary, Rockland.
Time indefinite. Ulster county, annual meeting.

June.

First Tuesday, Wayne county, annual meeting.
First Tuesday, Minnesota State Society, annual meeting, at Minneapolis. H. Wedelstadt, M. D., recording secretary, St. Paul.
First Wednesday, Ontario county, semi-annual meeting.
First Wednesday, American Institute of Homœopathy. Annual meeting, 1873, Cleveland, Ohio. R. J. McClatchey, M. D., general secretary, 918 North Tenth street, Philadelphia, Penn. Sessions continue three days.
First Wednesday, Vermont State Society, annual meeting. G. E. E. Sparhawk, M. D., recording secretary, Gaysville.
Second Monday, Monroe county, semi-annual meeting.
Second Tuesday, Albany county, monthly meeting.
Second Tuesday, Cayuga county, annual meeting.
Second Tuesday, Chemung county, semi-annual meeting.
Second Tuesday, Livingston county, annual meeting.
Second Tuesday, Oswego county, annnual meeting.
Second Tuesday, St. Lawrence county, annual meeting.
Second Tuesday, Niagara county, annual meeting.
Second Wednesday, New York county, monthly meeting.
Second Wednesday, Otsego county, annual meeting.
Third Tuesday, Broome county, semi-annual meeting.
Third Tuesday, Oneida county, semi-annual meeting.
Third Tuesday, Rensselaer county, semi-annual meeting.
Third Wednesday, New Hampshire State Society, annual meeting Concord. J. H. Gallinger, M. D., secretary, Concord.
Third Thursday, Central Society, annual meeting.
Third Thursday, Chautauqua county, annual meeting. Other meetings at the call of the president.

Third Thursday, Michigan State Society, annual meeting at Flint. J. C. Craig, M. D., recording secretary, Niles.
Fourth Tuesday, Madison county, annual meeting.
Last Wednesday, Westchester county, semi-annual meeting.

July.

First Wednesday, Erie county, quarterly meeting.
Second Tuesday, Albany county, quarterly meeting.
Second Tuesday, Northern Society, annual meeting at Saratoga Springs.
Second Tuesday, Saratoga county, annual meeting.
Second Wednesday, New York county, monthly meeting.
Second Friday, Tioga county, semi-annual meeting.

August.

Second Tuesday, State Medical Society, semi-annual meeting at Binghamton, August 13th. H. M. Paine, M. D., recording secretary, 104 State street, Albany.
Second Wednesday, New York county, monthly meeting.

September.

Second Tuesday, Albany county, monthly meeting.
Second Tuesday, Cayuga county, quarterly meeting.
Second Tuesday, Pennsylvania State Society, annual meeting, Erie. M. M. Walker, M. D., recording secretary, Germantown, Philadelphia.
Second Wednesday, New York county, monthly meeting.
Third Thursday, Central Society, quarterly meeeting.

October.

First Tuesday, Columbia county, annual meeting.
First Tuesday, Dutchess county, annual meeting.
First Tuesday, Oswego county, semi-annual meeting.
First Wednesday, Erie county, quarterly meeting.
Second Tuesday, Albany county, quarterly meeting.
Second Tuesday, Onondaga county, semi-annual meeting.
Second Wednesday, Massachusetts State Society, semi-annual meeting, Boston. E. U. Jones, M. D., recording secretary, Taunton.
Second Wednesday, New York county, monthly meeting.
Second Wednesday, Orange county, annual meeting.
Second Wednesday, New Jersey State Society, semi-annual meeting. L. Dennis, M. D., recording secretary, Newark.
Third Tuesday, Broome county, annual meeting.
Third Tuesday, Oneida county, annual meeting.
Third Tuesday, Rensselaer county, annual meeting.
Third Wednesday, Ontario county, annual meeting.

November.

First Wednesday, Erie county, monthly meeting.
Second Tuesday, Albany county, monthly meeting.
Second Tuesday, Kings county, semi-annual meeting. Adjourned monthly meetings are frequently held.
Second Wednesday, New York county, annual meeting.
Third Tuesday, Steuben county, semi-annual meeting.
Third Tuesday, Connecticut State Society, semi-annual meeting, Hartford. W. D. Anderson, M. D., recording secretary, New Haven.

December.

First Tuesday, Wayne county, semi-annual meeting.
First Wednesday, Erie county, monthly meeting.
Second Tuesday, Albany county, monthly meeting.
Second Tuesday, Cayuga county, quarterly meeting.
Second Tuesday, Chemung county, annual meeting.
Second Tuesday, Livingston county, semi-annual meeting.
Second Wednesday, New York county, monthly meeting.
Third Thursday, Central Society, quarterly meeting.

INDEX.

PAGE.

Abdomen, action of lilium tigrinum upon..... 183, 203
Abscess, mode of treatment of..... 352
Aconite and belladonna, characteristic symptoms of..... 155
Aconite in treatment of fever resulting from operation for deformity of the leg, 325; in treatment of gonorrhœal ophthalmia, 281; in treatment of burns, 40; purulent ophthalmia, 618; threatened puerperal convulsions... 298
Act amending certificate of incorporation of the Brooklyn Homœopathic Hospital, 365; to amend an act to establish a homœopathic asylum for the insane at Middletown, 383; relating to the elevation of the standard of medical education 26
Address, annual, delivered by Dr. R. McMurray, 20, 54; inaugural, at annual meeting, by Dr. L. B. Wells, 3; inaugural, report of committee on, 13; inaugural, delivered by John F. Gray, M. D., LL.D., before the semi-annual meeting, 34; before the semi-annual meeting, by Dr. A. W. Holden, 50, 71; by Dr. T. J. Pettit, before the Northern Society, 92; anniversary, before the New York county medical society, by Dr. B. F. Bowers, 101; before the Niagara county medical society, by Dr. D. F. Bishop, 582; valedictory, by Dr. F. W. Hunt, before the class of the New York Homœopathic Medical College, 127; delivered by Dr. T. D. Prichard, before the medical society of Ontario and Yates counties..... 97
Ætiology, the place of, in therapeutics, illustrated by three cases of puerperal convulsions, paper on, by B. H. Cheney, M. D., 289; of spermatorrhœa ... 269
Albany county homœopathic medical society, report of, 532, 552; rapid increase of membership of, 47; petition presented by, to board of governors of city hospital, regarding a homœopathic department of, 534; city dispensary, report..... 446
Albers, Prof., quotation from..... 169
Alcohol and turpentine for relief of burns..... 40, 41
Allen, Dr. T. F., paper by, on spasm of the glottis, presented before the New York county medical society, 573; paper presented by, on ophthalmic disease, 22; paper by, on cases of tumors of the eye..... 342
Allopathic medical society of Albany county, resolutions adopted by, 534; medical society of Massachusetts, intolerance of, 545; physicians, ratio of increase of homœopathic physicians to, 47; profession, accessions from, to the homœopathic..... 48
Aloes in treatment of membranous dysmenorrhœa..... 591
Alphabetical list of delegates to State Medical Society, 677; list of permanent members, 671; list of officers of State Homœopathic Medical Society, from 1850 to 1872..... 663

PAGE.
Alternation of remedies, paper on, by Dr. A. K. Hills..... 164
Alum water for relief of burns..... 41
Ambrosia artemisiæfolia (rag weed), remarks regarding..... 540
Amenorrhœa, graphites for relief of, 155; a symptom of pulsatilla for relief of.. 155
American Institute of Homœopathy, resolutions adopted by, regarding liberality in the practice of medicine, 547; delegates to, 29; members of, residing in New York State..... 678
Anatomical description of the larnyx..... 250
Anniversary address before the New York County Medical Society, by Dr. B. F. Bowers..... 101
Annual and semi-annual meetings and addresses, 1; meeting, twentieth, proceedings of, 3; meeting, committees appointed at, 5; address before the State Medical Society, 20, 54; address before the Northern New York Medical Society..... 92
Anthrax of the face, paper on, by Dr. F. L. Vincent, 347; arsenicum in treatment of, 347; calendula, 347; rhus tox., 347; silicea, 348; paste of pix liquida..... 348
Antidote for poisoning by arsenic..... 232
Aphonia, case of, by Dr. S. C. Knickerbocker, 275; lachesis in treatment of, 275; pulsatilla in treatment of..... 275
Apium virus in treatment of hydrocele, 41; measles, 45; scarlet fever..... 586
Appropriation by the Legislature to the insane asylum at Middletown..... 18
Agentum nit. in treatment of hydrocephalus..... 544
Arthur, A. A., M. D., of Vermont, remarks of, at annual meeting..... 10
Arsenic, action of on the blood, 173; eaters of Styria, remarks regarding, 173; eaters exempt from zymotic diseases, 173; eating, symptoms attending the abandonment of the habit of, 173; toxicological effects of, paper on, by Dr. C. Judson Hill, 232; poisoning, antidote for, 232; poisoning, condition of blood in cases of..... 173
Arsenicum and phosphorus, differential diagnosis of, paper on, by Dr. S. Lilienthal, 172; comparison of..... 176
Arsenicum, action of on the cerebro-spinal system, 172; action of on the digestive organs, 172; action of on the human system, 172; action of, on the tissues, 174; characteristic symptoms of, 155, 156, 176; in treatment of anthrax of the face, 347; arterial irritation, 173; in treatment of burns, 40; fistula, 617; gastrosis, 277; intermittent fever, 245, 266, 619; nausea in gestation, 297; œdema of the brain, 172; scarlet fever, 586; pyæmia, 326; quotation from Dioscorides regarding the properties of..... 172
Asylum for the insane, State homœopathic, report of, 383; remarks of Dr. Geo. F. Foote regarding, 18; remarks of Dr. C. M. Lawrence relative to, 53; necessity for..... 4
Asylum, insane, of Ohio, extract from report of, 536; Half-orphan, report of hospital connected with, 445; lying-in, Brooklyn homœopathic..... 370
Atrophy, cerebral, phosphorus in treatment of..... 173
Atropine, utility of, in dilating the pupil of the eye..... 345
Attenuations, high, utility of, in treatment of chronic diseases, 290; efficiency of, 169; not antidoted by crude drugs..... 169
Autopsy of a case of extrophy of the bladder..... 339
Avery, Dr. H. N., chairman of bureau of statistics..... 361

PAGE.
Back, action of lilium tigrinum upon,..... 185, 221
Baptisia in treatment of Bright's disease..... 568
Belladonna and aconite, characteristic symptoms of..... 155
Belladonna in treatment of biliary calculus, 278, 539; in treatment of burns, 40; characteristic symptom of, 155; for relief of coccyodynia, 307; in treatment of dystocia, 310; epileptiform spasms, 148; gonorrhœal ophthalmia, 281; apparent hydrophobia, 617; inflammation resulting from operation of resection of knee joint, 326; measles, 45; nausea during gestation, 297; puerperal convulsions, 292, 295; threatened puerperal convulsions, 298; spasm of the glottis, 577; and creosote in treatment of spasm of the glottis..... 254
Benedict, H. S., M. D., biographical sketch of..... 637
Bennett, Dr. H. K., paper on clinical notes and characteristics, presented by, 44; remarks of, regarding a case of hæmatemesis, 49; paper by, on scarlet fever..... 44
Berry, James, M. D., biographical sketch of..... 635
Bichromate of potash in treatment of croup..... 578
Biliary calculi, paper on, by Dr. Hans Powell, 22, 278; belladonna in treatment of, 278; lycopodium and aconite in treatment of, 278; belladonna in treatment of, 539; cod liver oil, nux vom, thuja occid., sulphur, in treatment of, 539
Bilious vomiting, ipecacuanha in treatment of..... 338
Bill relating to the elevation of the standard of medical education, 26; resolution regarding..... 37
Biographical sketch of H. S. Benedict, M. D., 637; of James Berry, M. D., 635; of Josiah Bowers, M. D., 625; of Durfee Chase, M. D., 630; of Charles C. Foote, M. D., 638; of H. B. Gram, M. D., 639; of H. C. Hubbard, M. D., 636; of Arthur Lutze, M. D..... 641
Bishop, Dr. D. F., address by, before the Niagara county medical society..... 582
Bishop, Dr. L., report presented by, on the history of homœopathy in Oneida county..... 587
Bladder, extrophy of, 335; a rare case, one kidney and one ureter, paper on, by Dr. Wm. Tod Helmuth, 335; operation for..... 336, 338
Blakelock, Dr. Ralph, paper by, on dry cupping of the bowels for strangulated inguinal hernia..... 360
Blood, action of arsenic on, 178; action of arsenicum on, through the nervous system, 174; action of, in dyscrasia, 174; action of phosphorus on, 174; action of pulsatilla on..... 174
Bond street homœopathic dispensary, report of..... 487
Books, list of, in the library of the Brooklyn homœopathic dispensary..... 476
Boston, rapid increase of homœopathic physicians in the city of..... 48
Botanical characteristics of lilium tigrinum..... 190
Bowels, dry cupping of, for strangulated inguinal hernia, paper on, by Dr. Ralph Blakelock, 356; inflammation of, stricture of the intestines resulting from, 538; inflammation of, case reported by Dr. Springsteed..... 538
Bowers, Dr. B. F., anniversary address delivered by, before the homœopathic medical society of New York city..... 101
Bowers, Josiah, M. D., biographical sketch of..... 625
Brain, œdema of, arsenicum in treatment of..... 172
Bright's disease, baptisia in treatment of, 568; harlemensis in treatment of.... 568
Bromine in treatment of spasm of the glottis, 574; in treatment of croup..... 576

PAGE.
Bromide of potassium in treatment of insanity..... 538
Bromide of iron in treatment of insanity..... 538
Bronchitis, similarity of, to paralysis of the glottis..... 258
Brooklyn Homœopathic Hospital, report of, 364; Homœopathic Dispensary, report of, 468; Lying-in Asylum, report of..... 370
Broome county medical society, report of..... 553
Brown, Dr. T. L., paper by, on cystitis..... 285
Bruises and burns, cosmoline in treatment of..... 42
Bryonia in treatment of constipation, 284; gastrosis, 277; severe case of headache, 618; intermittent fever, 246; rheumatic pains, 328; characteristic symptom of..... 155
Buckner, Prof., quotation from..... 172
Buffalo Homœopathic Dispensary, report of, 486; Ingleside Home Hospital, report of..... 381
Bureau of materia medica, report of, 140; contents of, 141; chairman of, 28: report of presented..... 11
Bureau of clinical medicine, report of, 241; contents of, 242; chairman of, 28; report of presented..... 12
Bureau of obstetrics, report of, 287; contents of, 288; chairman of, 28; report of, presented..... 22
Bureau of surgery, report of, 319; contents of, 320; chairman of, 29; report of presented..... 22
Bureau of statistics, report of, 361; contents of, 362; chairman of, 29; report of presented..... 23
Bureaus, reports of, 139; efficient labor of chairmen of..... 4
Burns, aconite in treatment of, 40; alcohol, 40; alum water, 41; arsenicum, belladonna, 40; causticum, linimentum calcis, 41; oil, rhus tox., soap, stimulants, 40; turpentine, 41; wheat flour, 40; exclusion of air from, and scalds, treatment of, 39; cosmoline in treatment of, 42; shellac in treatment of.... 39
By-laws of the State Homœopathic Medical Society, 660; of the Chenango County Medical Society..... 558
Caladium in treatment of spermatorrhœa..... 274
Calcarea in treatment of hydrocephalus..... 544
Calcarea carb., in treatment of debility, 343; epileptiform spasms, 148; ovarian tumor..... 312
Calcarea phos., in treatment of suppuration..... 327
Calcii chloridum in treatment of periostitis..... 363
Calculi, biliary, paper on, presented by Dr. H. Powell..... 22, 276
Calendula fomentations for relief of anthrax of the face..... 347
Calendula in treatment of gonorrhœal ophthalmia, 280; suppuration, 323; wounds, 325, 338; and hamamelis in treatment of burns and scalds..... 39
Calkins, Dr. T. T., paper presented by, on suicide by chloroform..... 44
Cancer, comparison of, with lupus, 330; cundurango in treatment of, 542, 544; of the rectum, paper on, by Dr. H. M. Paine..... 435
Cancerous tumors, iodoform for relief of pain of..... 44
Cannabis sat., in treatment of coccyodynia..... 306
Cantharides in treatment of gonorrhœal ophthalmia..... 281
Cantharis in treatment of coccyodynia, 306; cystitis..... 285
Capsicum in treatment of intermittent fever, 534; measles..... 45

PAGE.
Carbo animalis for relief of coccyodynia..... 307
Carbo veg., in treatment of diarrhœa, 389; gastrosis..... 277
Carbolic acid in treatment of dyspepsia, 49: suppuration..... 323, 352
Carbolic acid and glycerin in treatment of lupus, 332; suppuration..... 327
Carbonate of magnesia in treatment of poisoning by arsenic..... 233
Carroll, Dr. S. H., case of biliary calculi, reported by..... 539
Case of hæmatemesis, remarks of Dr. H. K. Bennett, regarding, 49; of procidentia uteri, reported by Dr. A. P. Throop..... 44
Cases of dystocia, paper on, by Dr. S. C. Knickerbocker..... 310
Castor oil in treatment of poisoning by arsenic..... 233
Catarrh, cure for, 604; cured by use of remedies and nasal douche..... 608
Catarrhal croup, symptoms of..... 578
Causes of female diseases, paper on, by Dr. H. Minton..... 300
Caustic of sesqui-carbonate of potassa..... 353
Caustics in treatment of lupus..... 333
Causticum in treatment of burns, 41; coccyodynia, 307; constipation..... 283
Cayuga County Medical Society, report of..... 553
Censors of State Medical Society..... 27
Central New York Medical Society, report of..... 611
Cerebral atrophy, phosphorus in treatment of..... 172
Cerebro-spinal system, action of arsenicum on..... 172
Chairman of bureau of materia medica, 141; bureau of clinical medicine, 241; bureau of obstetrics, 287; surgery, 319; statistics..... 361
Chairmen of different bureaus, 28; efficient labor of..... 4
Characteristic symptom of bryonia..... 155
Characteristics, botanical, of lilium tigrinum, 190; of symptoms of lilium tigrinum, 230; of lupus..... 331
Chase, Durfee, M. D., biographical sketch of..... 630
Chautauqua County Medical Society, report of..... 554
Chemung County Medical Society, report of..... 555
Chenango County Medical Society, report of, 556; organization of, 556; constitution of, 557; by-laws of..... 558
Cheney, B. H., M. D., paper by, on the place of ætiology in therapeutics..... 289
Chest and heart, action of lilium tigrinum on..... 185, 218
Chimaphila in treatment of intermittent fever, 617; metorrhagia..... 617
China in treatment of debility, 328; spermatorrhœa..... 278
Chlorate of potassa in treatment of gonorrhœal ophthalmia..... 281
Chloride of zinc in treatment of lupus..... 332
Chlorine in treatment of spasm of the glottis, 574; resemblance of, to mephitis, 268
Chlorine gas for relief of spasm of the glottis..... 262
Chloroform, suicide by, paper on, by Dr. T. T. Calkins, 44; utility of in cases of labor..... 563
Cholera, utility of homœopathic treatment of..... 114
Chorea, paper on, by Dr. C. Judson Hill, 44; infusion of wintergreen leaves in treatment of, 44; remarks of Dr. Dowling, regarding..... 44
Chronic diseases, utility of high attenuations in treatment of..... 290
Chronic metritis, paper on, by Dr. T. Dwight Stow, 317; paper on, by Dr. A. R. Wright..... 318
Cicuta in treatment of coccyodynia..... 308

PAGE.
Cistus canadensis, for relief of coccyodynia..... 308
Clements, Dr., remarks of, regarding dyspepsia..... 49
Clinical medicine, report of bureau of, 241; chairman of bureau of, 28; report of bureau of, presented, 12; notes and characteristics, paper on, presented by Dr. H. K. Bennett, 44; school of Hahnemann Hospital, faculty of..... 390
Coccyodynia, paper on, by Dr. W. S. Searle, 306; mode of treatment of, 306; belladonna for relief of, 307; cannabis sat., cantharis, 308; carbo aminalis, causticum, 307; cicuta, cristus canadensis, drosera, graphites, gummi gutti, kali carb., kreosote, kali hyd., lachesis, lactuca, magnesia, mercurius, muriatic acid, paris quad., petroleum, 308; phosphoric acid, phosphorus, platina, ruta, 309; thuja, 307; valerian, zincum..... 309
Cod liver oil in treatment of biliary calculus..... 539
Cole, E. B., M. D., of Waterford, resolutions relating to the death of..... 545
College, New York Homœopathic, report of, 521; report of, presented by Dr. Dowling, 45; valedictory address before, by Dr. F. W. Hunt..... 127
College, New York Medical, for Women, report of..... 525
Colleges, medical, deficiency of, in classification of students..... 62
Columbia County Medical Society, report of, 562; committee to prepare a history of homœopathy in 563
Committee appointed to present testimonial expressing gratitude for removal of Dr. H. Van Aernam from office of commissioner of pensions, 52; on the president's address, report of, 18; on publication, 28; arrangements for semi-annual meeting, 32; appointed to prepare a history of homœopathy in Columbia county, 563; executive, of State Medical Society, 28; on medical education, Dr. J. F. Gray, chairman of, 23; on resolutions regarding the removal of examining pension surgeons, 17; on resolutions regarding the use of stimulants in disease, 20; regarding the election of substitutes for permanent members, 12; on building of Hahnemann Hospital, report of, 395; appointed to prepare a history of homœopathy in Albany county, 539
Committees appointed at twentieth annual meeting..... 5
Comparison of graphites and pulsatilla, 157; of phosphorus and arsenicum,... 176
Compress for relief of constipation..... 283
Congenital dermoid tumor of cornea and sclerotica..... 345
Congenital syphilis, mercurius corr. in treatment of, 382; thuja in treatment of, 382
Constipation, paper on, by Dr. G. Z. Noble, 282; bryonia in treatment of, 284; causticum, compress, enemas, 283; lycopodium, 284; mercurius, natrum, nux vomica, sulphur..... 383
Constitution and by-laws of the Homœopathic Medical Society of the State of New York, 659; of Brooklyn Homœopathic Medical Society, 375; of Chenango County Medical Society, 557; of Niagara County Medical Society.. 581
Contents of bureau of materia medica, 141; clinical medicine, 242; obstetrics, 288; surgery, 320; statistics..... 362
Convulsions caused by indigestion, sulphate of zinc for relief of..... 293
Convulsions, puerperal, cases of, 292; paper on, by Dr. S. D. Hand, 295; paper on, by Dr. J. C. Harrington, 298; aconite in treatment of, 298; belladonna, 292, 295, 298; opium, 292; opinions regarding, 291; stramonium in treatment of, 611; morphine, 298; veratrum viride..... 295
Corallia rubra in treatment of paralysis of the glottis..... 264

PAGE.
Cornea, epithelioma of, 342; hepar sul. in treatment of, 343; silicea, zinc..... 343
Corner-stone of Hahnemann Hospital, statement of Dr. F. Seeger, relative to laying of, 52; of State Insane Asylum at Middletown..... 53
Cosmoline in treatment of burns and bruises, 42; and sulphur, in treatment of ulcer resulting from a scald..... 42
Cough, hooping, similarity of, to spasm of the glottis..... 258
Cough, stannum in treatment of..... 339
County medical societies, reports from thirty-one, 22; powers of..... 572
Cow-pox virus, pure, where obtained, 551; and the Boston vaccine institution, paper on, by Dr. F. L. Vincent..... 595
Cox, Dr. J. W., entertainment given by, to members of the State Homœopathic Medical Society..... 21, 23
Creosote and belladonna in treatment of spasm of the glottis..... 254
Croup, bichromate of potash in treatment of, 578; bromine, 576; symptoms of, 578; catarrhal, symptoms of, 578; spasmodic, symptoms of..... 578
Cundurango in treatment of cancer..... 542, 544
Cupping, dry, of the bowels, for strangulated inguinal hernia, paper on, by Dr. R. Blakelock..... 360
Cuprum acet., in treatment of measles, 44; paralysis of the glottis, 264; spasmodic action in resection of the knee-joint, 323; spasmodic twitching..... 329
Cystitis, cantharis in treatment of, 285; paper on, by Dr. T. L. Brown..... 285
Dayfoot, Dr. H. M., paper by, on spermatorrhœa..... 268
Deafness, resulting from suppression of eruption, mezereum in treatment of, 575; sulphur in treatment of..... 618
Debility, china for relief of..... 328
Deformity of the leg, operation for..... 324
Degree of doctor of medicine, when first conferred..... 129
Delavan, Dr. J. S., resolution regarding the absence of, in Europe..... 539
Delegate members present at the twentieth annual meeting of State Medical Society..... 7
Delegates to State Medical Society, list of, and classification by counties, 672; to State medical societies, 30; to American Institute, 29; dues of, remaining unpaid, 11; appointed to notify the president of the ostracism of homœopathic physicians..... 18
Delirium, hyoscyamus for relief of..... 327
Diagnosis, differential, of phosphorus and arsenicum, paper on, by Dr. S. Lilienthal, 172; of spermatorrhœa..... 271
Diarrhœa, carbo. veg., in treatment of, 339; phosphoric acid..... 339
Diet while under the treatment of homœopathic remedies, inconsistencies of Hahnemann regarding..... 168
Digestive organs, action of arsenicum on..... 172
Digitalis in treatment of spermatorrhœa..... 273
Dioscorides, quotation from, regarding the properties of arsenicum..... 172
Diphtheria, a constitutional disease..... 578
Disease, endemic method of treatment of, 39; internal and external treatment of, 39; principles of origin and cure of..... 291
Diseases, chronic, utility of high attenuations in treatment of, 290; of females, causes of, paper on, by Dr. H. Minton, 300; ophthalmic, papers on, presented by Dr. T. F. Allen..... 22

PAGE.
Dispensary, Albany City, report of, 446, 38, 539, 543, 551; Bond Street, 487; Brooklyn, 468; Buffalo, 486; Gates Avenue, 446; Harlem, 494; Metropolitan, 498; Morrisania, 499; New York Homœopathic College, 497; New York Homœopathic, 500; North-eastern, 503; Poughkeepsie, 519; Western, 506; Yorkville 518
Doctor of medicine, degree of, when first conferred 129
Doppler, Prof., quotation from 169
Dose, comminuted, more readily absorbed by the system, 169; homœopathic, only antidoted by attenuations, 170; not antidoted by crude drugs 170
Douche, and remedies in treatment of catarrh 608
Dowling, Dr. J. W., remarks of, regarding chorea, 44; report of New York Homœopathic Medical College presented by, 45; remarks of, regarding croup and spasm of the glottis 577
Drake, J. W., M. D., of Dover, remarks of, regarding homœopathy in New Hampshire 13
Dress of American women, improper mode of, 302; a cause of uterine disease .. 300
Drosera for relief of coccyodynia 308
Drugs, medicinal power of, how developed, 169; resolution regarding the proving of 50
Dry-cupping the bowels for strangulated inguinal hernia, paper on, by Dr. Ralph Blakelock 360
Dryden Springs Sanitary Home, a school for the education of nurses, 49; placed under homœopathic auspices 48, 542
Dutchess County Medical Society, report of 564
Dues of members remaining unpaid, 11; of delegates remaining unpaid, resolution relating to payment of 11
Dunham, Dr. Carroll, provings of silicea by, 143; observations by, on the proving of lilium tigrinum, 186; remarks of, before the New York County Medical Society, 572; remarks of, regarding treatment of spasm of the glottis, 574; report on medical education, presented by 13
Dynamic power of drugs, how developed 169
Dyscrasia, action of blood in 174
Dysmenorrhœa, membranous, aloes in treatment of 591
Dyspepsia, remarks of Dr. Clements regarding, treatment of, 49; carbolic acid in treatment of, 49; hydrastis 49
Dystocia, cases of, paper on, by Dr. S. C. Knickerbocker, 310; belladonna in treatment of, 310; nux vomica 311
Ears, action of lilium tigrinum upon 201
Education, medical, scientific and classical studies necessary to elevation of, 20; branches of study necessary to, 24; want of in the medical profession, 57; report of committee on 23
Encephaloid of the eye, case of, reported 611
Endermic method of treating disease 39
Enemas for relief of constipation 283
Entertainment given by Dr. J. W. Cox, to members of State Medical Society .. 21
Epileptiform spasms, belladonna in treatment of, 148; calcarea carb., hyoscyamus, 148; silicea 149
Epithelioma of the cornea, case of, 342; hepar sul. in treatment of, 343; silicea, zinc 343

PAGE.
Erie County Medical Society, report of 565
Erythema, linimentum calcis in treatment of 42
Esophagitis, kali bichro., for relief of 620
Eupatorium perf. in treatment of intermittent fever 245, 246, 619
Euphrasia for relief of gonorrhœal ophthalmia 281
Eulogy on J. L. Stoddard, M. D 628
Executive committee of State Medical Society 28
Expenditures of State Medical Society, estimate of 12
Extracts from newspapers regarding Hahnemann Hospital 392, 394
Extremities, action of lilium tigrinum upon 185, 222, 223
Extrophy of the bladder, paper on, by Dr. Wm. Tod Helmuth, 335; successful operation for 336, 338
Eye, encephaloid of, 611; tumors of, paper on, by Dr. T. F. Allen 342
Eyes, action of lilium tigrinum upon 183, 199
Face, anthrax of, paper on, by Dr. F. L. Vincent, 347; action of lilium tigrinum upon 202
Female diseases, causes of, paper on, by Dr. H. Minton 300
Fenton, Senator R., proposition from, regarding pension surgeons 14
Ferrum met., in treatment of insanity 538
Fever, symptoms of lilium tigrinum, 225; resulting from a surgical operation, aconite for relief of, 325; rheumatic, pulsatilla in treatment of 246
Fever, intermittent, arsenicum for relief of, 245, 266, 619; bryonia, 246; chimaphila, 617; eupatorium perf., 245, 246, 619; ignatia, 617; ipecacuanha, 266; natrum mur., 619; nux vomica, 266, 619; spigelia, 618; veratrum, 619; paper on, by Dr. H. E. Powell, 265; mode of treatment of 265
Fever, scarlet, paper on, by Dr. H. K. Bennett, 44; apium virus for relief of, 586; arsenicum, harlemensis, 586; silicea, ... 591
Fibroid enlargement of the uterus 593
Fistula, arsenicum for relief of, 617; in ano, hamamelis in treatment of 154
Five-Points House of Industry, report of hospital of 387
Flaxseed tea for relief of poisoning by arsenic 233
Fluorine in treatment of spasm of the glottis 574
Foote, Dr. Geo. F., remarks of, regarding the Asylum for the Insane, at Middletown, 18; paper by, on the "Lever Lift," 649
Foote, Charles C., M. D., biographical sketch of 638
Frost, Dr. J. H. P., paper by, on "Precision in Prescribing," 243
Functional disturbances a cause of insanity 538
Fungoid tumor of the hand, paper on, by Dr. H. G. Preston 349
Gastric symptoms of lilium tigrinum 208
Gastrosis, paper on, by Dr. S. C. Knickerbocker, 277; arsenicum for relief of, 277; bryonia, carbo veg., mezereum, nux vomica, pulsatilla, sulphur 277
Gates Avenue Homœopathic Dispensary, report of 466
Gelseminum for relief of paralysis of the glottis, 264; spermatorrhœa 274
Geraniin in treatment of ulcers 352
Gestation, remedies for relief of nausea accompanying 297
Gland, scirrhus of the mammary, paper on, by Dr. T. Dwight Stow 315
Glottis, experiments of Le Gallois on 252

PAGE.
Glottis, spasm of, paper on, by Dr. T. F. Allen, 573; case of, 256; comparison of, with paralysis of the glottis, 257; similarity of, to hooping-cough, 358; belladonna and creosote in treatment of, 254; belladonna, 577; bromine, chlorine, 574; chlorine gas, 262; fluorine, 574; iodine, 574; iodium, 575; lachesis, mephitis, 263; nux vomica, 574; sambucus..... 263
Glottis, paralysis of, 256: similarity of to bronchitis, 258; mode of treatment of, 263: plumbum for relief of, 263: cuprum, gelseminum, ignatia, spongia and iodine..... 264
Glycerine in treatment of suppuration..... 323
Gonorrhœal ophthalmia, paper on, by Dr. J. C. Harrington, 280; aconite in treatment of, 281; belladonna, 281: calendula, 280; cantharides, chlorate of potassa, euphrasia, mercurius, 281; nitrate of silver, 280; sulphate of zinc, 281
Grafting skin in treatment of ulcer..... 89
Gram, H. B., M. D., biographical sketch of,..... 639
Graphites indicated in amenorrhœa, 155: for relief of coccyodynia,..... 308
Graphites and pulsatilla, comparison of,..... 157
Gray, John F., M. D., LL.D., elected president of State Medical Society, 27; address delivered by, at semi-annual meeting, 34; chairman of committee on medical education,..... 23
Greek grammar, a knowledge of, essential to medical education..... 24
Guests present at annual meeting of State Medical Society,..... 10
Guernsey, Dr. E., extract of a letter from..... 544
Gummi gutti for relief of coccyodynia..... 308
Hæmatemesis, remarks of Dr. H. K. Bennett, regarding a case of..... 49
Hahnemann, extracts from the *Organon*, relating to the alternation of remedies, 166; principles followed by, 164; extract from *Organon*, 168; inconsistencies of, regarding diet, while under the treatment of homœopathic remedies, 168
Hahnemann Hospital, report of, 390; faculty of clinical school of, 390; committee appointed to select delegates to attend on the occasion of laying the corner-stone of, 53; extracts from newspapers regarding, 39, 392; statement of Dr. Seeger regarding, 38, 52; report of building committee..... 395
Hale, E. M., M. D., proving of lilium tigrinum by..... 182
Half-Orphan Asylum, report of hospital connected with..... 445
Hamamelis for relief of fistula in ano, 154; hæmatemesis, 49; ulcers, 352; and calendula, for relief of burns and scalds..... 89
Hand, Dr. S. D., paper by, on a case of puerperal convulsions..... 295
Hand, Dr. Geo. F., paper by, on "Medicinal Interference,"..... 168
Harlem Homœopathic Dispensary, report of, 494; act of incorporation of..... 495
Harlemensis in treatment of Bright's disease, 568; scarlet fever..... 586
Harrington, Dr. J. C., paper by, on "Gonorrhœal Ophthalmia," 280; paper by, on a case of "Threatened Puerperal Convulsions,"..... 298
Hartman, quotation from..... 168
Hay-asthma, symptoms of, caused by rag weed..... 539
Head, action of lilium tigrinum upon..... 183, 195
Headache, bryonia in treatment of, 618; silicea..... 144
Heart and chest, action of lilium tigrinum on..... 218
Hebra's paste in treatment of lupus..... 323
Hecla lava for relief of tumor..... 535

Page.

Helmuth, Dr. Wm. Tod, paper by, on "Resection of the Knee-joint," 321; chairman of bureau of surgery, 319; paper by, on "Lupus," 330; paper by, on "Extrophy of the Bladder"..... 335
Helonias dioica, and lilium tigrinum, analogy between..... 188
Hemorrhage, Monsel's styptic in treatment of..... 338
Hepar sul. in treatment of epithelioma of the cornea, 343; suppuration..... 323
Herring, C., M. D., quotations from..... 156
Hernia, correspondence from Dr. Hornby relating to a reported cure of, 32; strangulated, nux vomica for relief of..... 360
Hill, Dr. C. J., paper by, on "Chorea," 44; paper by on the "Toxicological Effects of Arsenic"..... 323
Hills, Dr. A. K., paper by, on the "Importance and Manner of Studying the Materia Medica"..... 44, 152
History of State Medical Society, brief review of..... 3
Holden, Dr. A. W., remarks of, regarding removal from the office of examining pension surgeon, 17; remarks of, regarding measles, 45; address delivered by, before the semi-annual meeting of State Medical Society.....50, 71
Homœopathy, advancement of, 111; future prosperity of, dependent on fidelity of its representatives, 3; growth of system of practice, 3; large patronage of, 3; importance of a correct history of, 4; in New Hampshire, remarks of J. W. Drake, M. D., regarding, 13; a cardinal maxim in therapeutics, 35; popular recognition of, 68; proceedings against, 105; law and principles of, 113; utility of, in treatment of cholera, 114; legal basis of, 115; theory of, in harmony with modern science, 136; in Albany county, committee to prepare a history of, 539; science of, 154; success of..... 583
Homœopathic asylum for the insane, necessity for, 4; College, of New York, report of presented by Dr. J. W. Dowling, 45; dose not antidoted by crude drugs, 170; Medical Society of Albany County, rapid increase of membership of, 47; national organization the largest, 47; physicians, rapid increase of, in Boston, 48; do. in United States, statement regarding numbers of, 46; do., ratio of increase of, to allopathic physicians, 47; do. increase of, 541; profession, accessions to, from the allopathic ranks, 48; system of medical treatment, trial of the superiority of, by life insurance companies, 551; system, persecution of..... 115
Honorary members of State Medical Society, 665; members elected at annual meeting of State Medical Society, 5; nominees for..... 29
Hood, theory of, regarding laryngismus..... 255
Hooping-cough, similarity of, to spasm of the glottis..... 258
Hopkins, Dr., liberal sentiments of..... 549
Hornby, Dr., correspondence from, relating to a reported cure of hernia..... 32
Hospital, Albany City, resolution passed by governors of, 542; Bethaney, of Berlin, description of, 407; Brooklyn, Homœopathic, report of, 364; of the Five-Points House of Industry, report of, 387; connected with Half-Orphan Asylum, report of, 445; of the Ingleside Home at Buffalo, report of, 381; New York Ophthalmic, report of, 435; do. act of incorporation of, 436; Hahnemann, report of, 399; do. Clinical School of, 390; do. report of building committee of, 395; do. statement of Dr. F. Seeger, regarding, 38, 52; do. delegates to attend the laying of the corner-stone of..... 53
Hospitals, brief history of..... 395

PAGE.
Hubbard, H. C., M. D., biographical sketch of..... 636
Hunt, Dr. F. W., valedictory address before the New York Homœopathic College..... 127
Hydrastis in treatment of dyspepsia..... 49
Hydrastin for relief of ulcers..... 352
Hydrate of chloral in treatment of mania a potû..... 568
Hydrated peroxide of iron as an antidote for poison by arsenic..... 232
Hydrocele, apium virus in treatment of, 41; iodine, 351; silicea..... 351
Hydrocephalus, argentum nit. for relief of, 544; calcarea, phosphorus..... 544
Hydrophobia, apparent, belladonna in treatment of..... 617
Hyoscyamus for relief of delirium, 326; epileptiform spasms..... 148
Ignatia in treatment of intermittent fever, 617; nausea, 338; paralysis of the glottis, 264; spasm of the throat resulting from chorea, 574; spasmodic action, from a surgical operation, 323; spasmodic twitching..... 329
Illustration of biliary calculi; morbid deposit in the urine..... 279
Importance and manner of studying the materia medica, paper on, by Dr. A. K. Hills..... 44, 152
Inaugural address by L. B. Wells, M. D..... 3
Incorporation of Harlem Homœopathic Dispensary, 495; of New York Ophthalmic Hospital..... 436
Inflammation of the bowels, stricture of the intestines resulting from, 538; case of, reported by Dr. Springsteed..... 538
Ingleside Home at Buffalo, report of hospital of..... 381
Injector, vaginal, exhibited by Dr. King..... 48
Insane Asylum, State Homœopathic, report of, 383; remarks by Dr. G. F. Foote, regarding, 18; remarks of Dr. C. M. Lawrence, relating to, 58; statement relative to laying the corner stone of..... 53
Insane Asylum of Ohio, extract from report of..... 536
Insane in the State, number of to be obtained..... 538
Insane asylum, homœopathic, necessity for..... 4
Insanity, plea of, a defense in cases of homicide, paper on, by Dr. Samuel Worcester..... 651
Insanity, bromide of iron in treatment of, 538; bromide of potassium, 538; caused by functional disturbances; caused by the puerperal condition, 538: ferrum met. in treatment of, 538; nitric acid, 538, spermatorrhœa a cause of, 536; results of post-mortems after..... 537
Institutions, represented at annual meeting of the State Society..... 7
Intermittent fever. (See Fever, intermittent.)
Iodine, in treatment of hydrocele, 351; and spongia, for relief of paralysis of the glottis, 264; spasm of the glottis..... 574
Iodium in treatment of spasm of the glottis..... 575
Iodoform, paper on, by Dr. B. F. Underwood, 44, 237; for relief of neuralgia, 237, 240; proving of, 237; description of, 237; pain of cancerous tumors, 44; sciatica..... 237
Ipecacuanha for relief of bilious vomiting, 338; intermittent fever, 266; nausea during gestation..... 297
Iron, hydrated peroxide of, as an antidote for poisoning by arsenic, 232; subcarbonate of, in treatment of intermittent fever..... 534
Jaws and teeth, action of lilium tigrinum on..... 202

PAGE.
Jones, Dr. E. D., remarks of, regarding idoform, 44; resolution offered by..... 11
Kali carb. for relief of coccyodynia,..... 308
Kali bichro., in treatment of esophagitis..... 620
Kali bromatum in treatment of spermatorrhœa..... 274
Kali hydriod. for relief of coccyodynia..... 308
Keynote, of bryonia, 155; unreliability of prescribing upon, 156; value of, in prescribing..... 155
King, Rev. Dr., of Saratoga, prayer offered by, at semi-annual meeting..... 34
King, Dr., of Wilton, vaginal injector exhibited by..... 48
Kings County Medical Society, report of..... 566
Knee-joint, mode of operating in resection of, 324; belladonna for relief of inflammation resulting from resection of, 326; resection of, paper on, by Dr. Wm. Tod Helmuth, 321; hyoscyamus in treatment of delirium resulting from operation of resection of, 327; resection of, operations performed by surgeons in Europe and America, 322; cuprum for relief of spasmodic action in resection of, 328; do., ignatia in treatment of..... 323
Knickerbocker, Dr. S. C., paper by, on "Aphonia," 275; do., "Cases of Dystocia," 310; do., "Case of Gastrosis," 277; do., "Spasms of the Larynx,".. 276
Kreosote for relief of coccyodynia..... 308
Labor, utility of chloroform in..... 563
Lachesis, in treatment of aphonia, 275; coccyodynia, 308; spasm of the glottis, 263; spasm of the larynx, 276; measles, 45; ovarian tumor..... 312
Lactuca for relief of coccyodynia..... 308
Larynx, anatomical description of, 250; spasms of, paper on, by Dr. S. C. Knickerbocker, 276; spasms of, lachesis in treatment of..... 276
Laryngeal muscle, spasm of, ignatia in treatment of, 574; stramonium..... 574
Laryngismus, remedies in treatment of, 262; Hood's theory regarding, 255; caused by reflex influences, 260, 261; causes of, 259; moschus in treatment of, 263; caused by derangement of digestive organs, nux vomica in treatment of, 260; mode of treatment of..... 260
Laryngismus stridulus, paper on, by Dr. W. S. Searle, 247; symptoms of..... 250
Laudanum and morphine, toxicological effects of, paper on, by Dr. Stillman Spooner, 235; nux vomica in treatment of..... 235
Lawrence, Dr. C. M., remarks of, relating to the State Insane Asylum at Middletown..... 53
Le Gallois, experiments of, on the glottis..... 252
Legislature, law by, granting charter to the insane asylum, also appropriation, 18
Letters from other State medical societies, read by the secretary..... 53
Leucorrhœa, case of, paper on, by Dr. C. Sumner, 314; sepia in treatment of, 314; caused by lilium tigrinum..... 213
Lever lift, paper on, by Dr. Geo. F. Foote..... 649
Library of the Brooklyn Homœopathic Dispensary..... 476
Life insurance companies, trial of the superiority of the homœopathic system of medical treatment..... 551
Lilienthal, Dr. S., chairman of bureau of materia medica, 28, 141; paper by, on "Differential Diagnosis of Phosphorus and Arsenicum"..... 172
Lilium tigrinum, proving of, by E. M. Hale, M. D., 182; proving of, by Wm. E. Payne, M. D., 190; observations on the proving of, 186; characteristics of, 230; botanical characteristics of, 190; striking symptoms of, 187, 228; verified symptoms of, by Dr. T. F. Allen..... 231

PAGE.

Lilium tigrinum, action of, on the abdomen and genital organs, 183, 203, 210; anus and rectum, 208; back, 185, 221; chest and heart, 185, 218; ears, 201; eyes, 183, 199; extremities, 185, 222, 223; face, 202; fever, 225; gastric symptoms of, 203; action of on the head, 183, 195; jaws and teeth, 202; leucorrhœa, 213; mental sphere, 182; metritis, 318; mind and disposition, 192; mouth and throat, 183, 202; nose, 201; ovaries, 213; rectum and stools, 185; respiratory organs, 217; sexual instinct, 216; sleep, 226; stomach, 183, 203; stools, 207; taste and appetite, 202; urine, 185; urinary organs, 209; uterine displacement and prolapsus 187
Linen lint as an application for relief of burns 41
Linimentum calcis in treatment of burns, 41; eryethema 42
Livingston County Medical Society, report of 567
Lobelia in treatment of nausea during gestation 297
Local treatment of lupus, necessity for 333
Lupulin in treatment of spermatorrhœa 274
Lupus, paper on, by Dr. Wm. Tod Helmuth, 330; comparison of, with cancer, 330; characteristics of, 331; connection of with scrofula, 331; not connected with syphilis, 331; acetic acid in treatment of, 332; carbolic acid and glycerin, caustics, chloride of zinc, 332; Hebra's paste, 333; lycopodium, 332; method of treating 333
Lutze, Arthur, M. D., biographical sketch of 641
Lycopodium in treatment of constipation, 284; of lupus 332
Lying-in Asylum, Brooklyn Homœopathic, report of 370
Madison County Medical Society, report of 567
Magnesia for relief of coccyodynia, 308; carbonate of, in treatment of poisoning by arsenic 233
Mammary gland, scirrhus of, paper on, by Dr. T. Dwight Stow 315
Mania a potu, hydrate of chloral for relief of 568
Massachusetts Medical Society, intolerance of, extracts from various papers, 545, 548; resolutions relating to the intolerance of 549
Materia medica, report of bureau of, 11, 141; chairman of bureau of, 28, 141; knowledge of, essential to the physician, 152; importance and manner of studying, paper on, by Dr. A. K. Hills, 44, 152; perfection of, secured by diligence in proving of remedies 4
McKnight, C. G., M. D., of Rhode Island, remarks of, regarding removal of pension surgeons 15
McMurray, Dr. Robert, annual address delivered by, before the State Medical Society 20, 54
Measles, apium virus in treatment of, 45; belladonna, capsicum, 45; cuprum aceticum, 44; lachesis, 45; remarks of Dr. A. W. Holden regarding, 45; remarks of Dr. J. F. Miller, 44; remarks of Dr. L. B. Wells regarding 45
Medical College, New York Homœopathic, report of, 521; valedictory address delivered before 127
Medical colleges, deficiency of, in classification of students 62
Medical education, increased facilities for, 3; importance of elevation of, 20; scientific and classical studies necessary to, 20, 24, 59, 60, 61; report of committee on, 23; bill relating to the elevation of, 26; memorial accompanying bill, 24; resolution relating to the bill, 37; efforts of the Medico-Legal Society of New York, to elevate the standard of 549

PAGE.
Medical profession in the United States, statistics of, 46; lack of education of, 57
Medical science, advancement of, the result of effort 4
Medical Society, State Homœopathic, brief review of history of, 3; constitution and by-laws of, 659; officers of, from 1850 to 1872, 668; permanent members of, 668; list of delegates and classification by counties, 673; of Albany County, report of, 532, 552; do., rapid increase of membership of, 47; of New York County, anniversary address before, by Dr. B. F. Bowers, 101; of Northern New York, annual address delivered by Dr. T. J. Pettit, 92; of Ontario and Yates counties, address delivered by Dr. T. D. Prichard, 97
Medical societies represented at annual meeting of State Medical Society, 8; counties, thirty-one, reports from, 22; State, county and local, table of annual and regular meetings of 679
Medicine, a thorough education essential to the practice of, 56; New York Academy of, resolution offered by, 106; do., extract from address delivered before, 106; do., object of, 106; degree of doctor of, when first conferred, 129
Medicinal, interference, paper on, by Dr. Geo. F. Hand, 168; power of drugs, how developed 169
Medico-Legal Society of New York, efforts of, to elevate the standard of medical education 549
Meeting of State Homœopathic Medical Society, proceedings of, 3; twentieth semi-annual, proceedings of 34
Meetings of state, county and local medical societies, table of annual and regular 679
Members, dues of, remaining unpaid, 11; and delegates, letters lost, containing remittances from, 12; present at twentieth semi-annual meeting, 37; delegates, present at twentieth annual meeting of State Medical Society, 7; honorary, elected at annual meeting of State Medical Society, 5; honorary, list of, 665; permanent, elected at annual meeting, 5; permanent, list of, 668; permanent, present at twentieth annual meeting, 6; of American Institute residing in the State 678
Membership, honorary, nominees for, 29; permanent, nominees for 29 671
Memorial accompanying bill on medical education 24
Meningitis, tubercular, paper on, presented 620
Mental sphere, action of lilium tigrinum on 182
Mephitis in treatment of spasm of the glottis 263
Mercurius, characteristic symptoms of, 155, 156; for relief of coccyodynia, 308; constipation 283
Mercurius corr. in treatment of congenital syphilis 382
Mercurius vivus for relief of gonorrhœal ophthalmia 281
Metorrhagia, chimaphila in treatment of 617
Metritis, chronic, paper on, by Dr. T. Dwight Stow, 317; pulsatilla in treatment of, 317; paper on, by Dr. A. R. Wright, 318; lilium tigrinum for relief of, 318
Metropolitan Dispensary, report of 498
Mezereum in treatment of deafness resulting from suppression of eruption, 575; gastrosis 277
Miller, Dr. H. V., paper by, on "Hygienic Ventilation," 612; paper by, on the "Use of Stimulants and Narcotics" 618
Miller, Dr. J. F, remarks of, regarding the treatment of measles 44
Mind and disposition, action of lilium tigrinum upon 192

PAGE.
Minton, Dr. H., paper by, on the "Causes of Female Diseases"..... 300
Miscellaneous paper, report of.....22 647
Mode of operation in resection of the knee-joint..... 324
Monroe County Medical Society, report of..... 569
Monsel's styptic in treatment of hemorrhage..... 338
Montgomery County Medical Society, report of..... 570
Morphine in treatment of puerperal convulsions, 298; and laudanum, toxicological effects of, paper on, by Dr. Stillman Spooner, 235; do., nux vomica, in treatment of..... 235
Morrisania Homœopathic Dispensary, report of..... 499
Moschus, in treatment of laryngismus..... 263
Mouth and throat, action of lilium tigrinum upon.....183, 202
Muriatic acid, for relief of coccyodynia..... 308
National organization, homœopathic, the largest..... 47
Natrum mur., characteristic symptom of, 155; in treatment of constipation, 283; intermittent fever..... 619
Nausea, ignatia, in treatment of 338
Niagara County Medical Society, report of, 579; constitution of..... 581
Nitrate of silver in treatment of gonorrhœal ophthalmia, 280; tumor..... 536
Nitre, spirits of, for relief of painful urination..... 278
Nitric acid in treatment of insanity..... 538
Necrological reports..... 628
Nerve pathology, principles of..... 253
Nervous system, action of phosphorus on, 175; silicea, 143; action of, in zymotic diseases..... 174
Neuralgia, iodoform in treatment of.....237, 240
New Hampshire, homœopathy in, remarks of J. W. Drake, M. D., regarding... 13
New York, Academy of Medicine, resolution offered by, 106; do., object of, 106; do., extract from address delivered before, 106; County Medical Society, report of, 571; anniversary address before, by Dr. B. F. Bowers, 101; Medical College, report of, 45, 521; do., report of dispensary of, 497; Medical College for Women, report of, 525; Homœopathic Dispensary, report of... 500
Noble, Dr. G. Z., paper by, on "Prolonged Constipation,"..... 283
Nominees for honorary membership, 29; permanent membership.....29, 671
North-eastern Homœopathic Dispensary, report of..... 503
Northern New York Medical Society, report of, 620; annual address delivered before, by Dr. T. J. Pettit..... 92
Nose, action of lilium tigrinum upon..... 201
Number of homœopathic physicians in the United States, statement regarding.. 46
Nurses, a school for the education of (Dryden Springs Sanitary Home)..... 49
Nux vomica in treatment of biliary calculus, 539; constipation, 283; dystocia, 311; intermittent fever, 266, 619; gastrosis, 277; laryngismus, 260; poisoning by morphine and laudanum, 235, 616; spasm of the glottis, 574; spermatorrhœa, 273; strangulated hernia 360
Observations on the proving of lilium tigrinum..... 186
Obstetrics, bureau of, report of, 22, 287; contents of bureau of, 288; chairman of bureau of..... 28
Œdema of the brain, arsenicum in treatment of..... 172
Officers of State Medical Society for 1871, 27; list of, from 1850 to 1872..... 663

PAGE.
Oil in treatment of burns, 40; castor, in treatment of poisoning by arsenic..... 283
Oneida County Medical Society, report of..... 585
Onondaga County Medical Society, report of..... 587
Ontario and Yates County Medical Society, address delivered before, by Dr. T. D. Prichard, 97; report of..... 588
Operating, mode of, in resection of the knee-joint..... 324
Operation for a deformity of the leg, 324; aconite in treatment of fever resulting from, 325; for extrophy of the bladder, 336, 338; removal of fungoid tumor of the hand, 349; trephining the tibia..... 357
Ophthalmia, gonorrhœal, papers on, by Dr. J. C. Harrington, 280; aconite in treatment of, 281; belladonna, calendula, cantharides, chlorate of potassa, euphrasia, 281; nitrate of silver, 280; sulphate of zinc..... 281
Ophthalmia, purulent, aconite in treatment of, 618; sulphur..... 618
Ophthalmic diseases, papers on, by Dr. T. F. Allen..... 22
Ophthalmic Hospital of New York, report of, 435; act of incorporation of.... 436
Opium for relief of puerperal convulsions..... 292
Orange County Medical Society, report of..... 589
Organization, of the Chenango County Medical Society, 556; State and local, important instrumentalities of..... 4
Organon, Hahnemann's, extracts from..... 164
Organs, reproductive, action of lilium tigrinum on, 210; respiratory, action of lilium tigrinum on, 217; urinary, action of lilium tigrinum on..... 209
Oswego County Medical Society, report of..... 590
Otsego County Medical Society, report of..... 592
Ovarian tumor, case of, paper on, by Dr. C. Sumner, 312; calcarea carb., for relief of, 312; lachesis..... 312
Ovaries, action of lilium tigrinum on..... 213
Paine, Dr. H. D., remarks of, regarding the treatment of croup and diphtheria, 575; resolution offered by, regarding pension surgeons..... 48
Paine, Dr. H. M., remarks of, regarding the removal from office of commissioner of pensions, 52; on the proving of non-medicinal substances, 50, 52; regarding the late Dr. E. B. Cole, of Waterford, 544; paper by, on "Cancer of the Rectum"..... 354
Panizza, quotation from..... 169
Paralysis of the glottis, case of, 256; cuprum in treatment of, 264; comparison of, with spasm of the glottis, 257; gelseminum in treatment of, 264; ignatia 264; plumbum, 263; spongia and iodine, 264; similarity of, to bronchitis, 258
Paris quad., for relief of coccyodynia..... 308
Paronychiæ, mode of treatment of...?..... 352
Paste of pix liquida and beer for relief of anthrax of the face..... 348
Pathology, nerve, principles of, 253; of spermatorrhœa, 269; value of a knowledge of..... 154
Payne Wm. E., M. D., proving of lilium tigrinum by..... 190
Pearsall, Dr. S. J., papers presented by, on "Scarlatina"..... 44
Pension surgeon, Dr. S. Spooner removed from office of, 14; proposition from Senator Fenton, regarding, 14; expressions of dissatisfaction regarding removal of.....15, 583, 570, 579, 591 611
Periostitis, resulting in caries of the femor and tibia, calcii chloridum in treatment of..... 563

PAGE.
Permanent members elected at annual meeting, 5; present at, 6; list of..... 668
Permanent membership, nominees for..... 29, 671
Pertussis, diagnostic points of..... 259
Pessary, Conant's new form of..... 544
Pettit, Dr. T. J., address delivered by, before the semi-annual meeting of the Northern Medical Society..... 92
Petition of the directors of Hahnemann Hospital, to State Legislature..... 391
Petitions forwarded to Congress, asking for removal of Dr. Van Aernam from the office of commissioner of pensions..... 14
Petroleum for relief of coccyodynia..... 308
Phosphorus, action of, on the blood, 174; in treatment of cerebral atrophy, 172; coccyodynia, 309; hydrocephalus, 544; a cause of fatty degeneration, 175; action of, on the nervous system, 175; characteristic symptoms of.... 174, 176
Phosphorus and arsenicum, comparison of, 176; differential diagnosis of, paper on, by Dr. S. Lilienthal..... 172
Phosphoric acid for relief of coccyodynia, 309; diarrhœa, 339; spermatorrhœa, 273
Physician, responsibilities of, 69; regular, definition of, 103; rights of, 103; a thorough knowledge of the materia medica essential to..... 152
Physicians, homœopathic, in the United States, statement regarding numbers of, 46, 540; increase of, 47, 48, 541; requirements of by law, 102; allopathic, ratio of increase of homœopathic physicians to..... 47
Placenta prævia, cases of, reported..... 611
Platina for relief of coccyodynia..... 309
Plea of insanity as a defense in cases of homicide, paper on, by Samuel Worcester, M. D..... 651
Plumbum as a remedy for paralysis of the glottis..... 263
Podophyllum, symptom of..... 187
Poisoning by arsenic, antidote for, 232; carbonate of magnesia for relief of, 233; flax-seed tea in treatment of, 233; white of eggs..... 233
Poisoning by morphine and laudanum, nux in treatment of..... 235, 611
Post mortem, remarkable developments of a case reported by Dr. P. L. F. Reynolds, 538; do., after insanity, results of..... 535
Poughkeepsie Homœopathic Dispensary, report of..... 519
Poultice for relief of anthrax of the face..... 347
Powell, Dr. H., paper by, on "Biliary Calculi"..... 22, 278
Powell, Dr. H. E., paper by, on "Intermittent Fever"..... 265
Pratt, Dr. L., paper by, on "Trephining the Tibia"..... 357
Precision in prescribing, paper on, by Dr. J. H. P. Frost..... 243
Preston, Dr. H. G., paper by, on a "Case of Fungoid Tumor of the Hand," 349; surgical cases treated by, at the Albany City Dispensary..... 351
Prichard, Dr. T. D., address delivered by, before the Medical Society of Ontario and Yates Counties..... 97
Proceedings of the twentieth annual meeting, 3; of semi-annual meeting,..... 34
Procidentia uteri, case of, reported by Dr. A. P. Throop..... 44
Profession, medical, statistics of, in the United States, 46; want of thorough education of..... 57
Prognosis of spermatorrhœa..... 271
Prolapsus uteri, remedies characteristic of..... 155
Proving of lilium tigrinum, by E. M. Hale, M. D..... 182

PAGE.
Proving of lilium tigrinum, by Wm. E. Payne, M. D..... 190
Provings of non-medicinal substances, resolutions protesting against, 50, 535; remarks of Dr. H. M. Paine, regarding, 52; of iodoform, 237; of silicea, by Dr. Carroll Dunham..... 143
Psoriasis, sulphur for relief of..... 617
Publication committee for 1871..... 28
Puerperal convulsions, cases of, 292; paper on, by Dr. S. D. Hand, 295; belladonna in treatment of, 292, 295; morphine, 298; opium, 292; stramonium, 611; veratrum viride, 295; case of, threatened, paper on, by Dr. J. C. Harrington, 298; do., aconite for relief of, 298; belladonna, 298; unsatisfactory opinion regarding..... 291
Pulsatilla indicated in amenorrhœa, 155; in treatment of aphonia, 275; chronic metritis, 317; gastrosis, 277; nausea during gestation, 297; rheumatic fever, 246; characteristic symptoms of, 174; and graphites, comparison of..... 157
Pyæmia, resulting from an operation of resection of the knee-joint, arsenicum in treatment of..... 326
Quinine in treatment of intermittent fever.....534, 619
Rachitis, utility of silicea in treatment of..... 143
Rag-weed (ambrosia artemisiæfolia), a cause of hay-asthma..... 540
Ranula, operation for..... 351
Rectum, action of lilium tigrinum on, 208; cancer of, paper on, by Dr. H. M. Paine, 354; and stools, action of lilium tigrinum upon..... 185
Registration and statistics, aid necessary to..... 4
Remedy indicated by the totality of symptoms..... 164
Remedies, alternation of, paper on, by Dr. A. K. Hills, 164; in treatment of laryngismus, 262; indiscriminate alternation of, 165; power of, how determined..... 169
Removal of pension surgeons, expressions of dissatisfaction regarding..... 15
Rensselaer County Medical Society, report of..... 594
Report of bureau of materia medica, 140; clinical medicine, 241; obstetrics, 287; surgery, 319; statistics, 361; Brooklyn Homœopathic Hospital, 364; Brooklyn Lying-in Asylum, 370; Buffalo Ingleside Home, 381; State Asylum for the Insane, 388; Hospital of Five-Points House of Industry, 387; Hahnemann Hospital, 390; New York Ophthalmic Hospital, 435; of dispensaries, see Dispensary; of colleges, see College; county medical societies, see names of respective counties; Central New York Medical Society, 611; Northern Medical Society, 620; of the building committee of Hahnemann Hospital, 395; committee on Medical Education, 24; of Ohio State Insane Asylum, extract from, 536; of surgical cases treated at the Albany City Dispensary, 351; of delegates, presented..... 22
Representative status of the two schools of medicine..... 47
Reproductive organs, action of lilium tigrinum on..... 210
Resection of the knee-joint, cause of disease leading to operation of, 322; hyoscyamus in treatment of delirium resulting from, 327; paper on, by Dr. Wm. Tod Helmuth, 321; do., spasmodic action in, cuprum in treatment of, 323; do., mode of operation of, 324; belladonna in treatment of inflammation resulting from, 326; operations performed by surgeons in Europe and America, 322; ignatia for relief of spasmodic action in..... 323

PAGE.

Resolution adopted by the American Institute of Homœopathy, regarding liberality in the practice of medicine, 547; relating to the bill for the elevation of the standard of medical education, 27, 37; relating to payment of dues of delegates and members, 11; adopted by the New York County Medical Society, 121; do., relating to the death of Walter Williamson, M. D., 573; adopted by the New York Academy of Medicine, 106; regarding the use of stimulants in disease, 19, 21, 61, 8; offered by Dr. Wm. Wright, 10; offered by Dr. E. D. Jones, 11; by Dr. Wm. Wright, regarding the proving of drugs, 50; regarding paper on statistics of the medical profession, 48; protesting against the publication of provings of non-medicinal substances, 50, 535; regarding the absence of Dr. J. S. Delavan, in Europe, 539; regarding the death of Dr. E. B. Cole, of Waterford, 545; of thanks to Young Men's Christian Asssociation of Saratoga, for use of rooms for semi-annual meeting, 53; of thanks for hospitality of the physicians of Saratoga, 53; expressing thanks of the State Medical Society, for use of Assembly chamber, 23; regarding the organization of the Niagara County Medical Society, 580; the establishment of a university of medicine, 533; expressing thanks of the State Medical Society to Dr. J. W. Cox, for entertainment given, 23; regarding the introduction of homœopathy into certain colleges, 623; adopted by the Albany County Allopathic Medical Society, 534; adopted by the State Medical Society, regarding the removal of examining pension surgeons, 17; regarding the removal of pension surgeons, 14, 533, 570. 579, 591, 611; regarding the reappointment of Dr. T. F. Smith as pension surgeon, 48; relating to the intolerance of the Massachusetts Medical Society, 550; adopted by the Massachusetts Medical Society, excluding homœopathic physicians, 546; adopted by the governors of the Albany City Hospital.... 542

Respiratory organs, action of lilium tigrinum upon..... 217

Reynolds, Dr. P. L. F., remarkable developments of a post mortem reported by, 588

Rheumatic fever, pulsatilla for relief of..... 246

Rheumatic pain in joints, bryonia in treatment of..... 328

Rhus tox. for relief of anthrax of the face, 347; burns, 40; characteristic symptom of... .....155 156

Ruta in treatment of coccyodynia 309

Sambucus in treatment of spasm of the glottis..... 263

Sanitary Home, Dryden Springs, placed under homœopathic auspices..... 48

Saratoga county Medical Society, report of, 603; lake, excursion of members of the State Medical Society to, at semi-annual meeting..... 49

Scald, sulphur and cosmoline in treatment of ulcer resulting from..... 42

Scalds and burns, treatment of, 39; shellac for relief of..... 39

Scarlet fever (see Fever, scarlet).

Sciatica, iodoform for relief of..... 237

Science, medical, advancement of, the result of effort, 4; of homœopathy..... 154

Scirrhus of the mammary gland, paper on, by Dr. T. Dwight Stow..... 315

Scrofula a cause of lupus..... 331

Searle, Dr. W. S., treasurer's report presented by, 11; paper by, on "Laryngismus Stridulus," 247; do., on "Coccyodynia"..... 306

Seeger, Dr. F., remarks of, regarding Hahnemann Hospital, 38; resolution offered by, 48; statement relative to laying the corner-stone of Hahnemann Hospital..... 52

PAGE.
Semi-annual meeting, address by John F. Gray, M. D., LL. D., 34; address by A. W. Holden, M. D., 50, 71; committee of arrangements for, 32; excursion of members to Saratoga lake, 49; members present at, 37; papers presented at, 37, 38; proceedings of..... 34
Seneca, quotation from..... 35
Sepia, characteristic symptom of, 155, 188; in treatment of leucorrhœa..... 314
Sesquicarbonate of potassa, utility of as a caustic, 353; preparation of, 353; in treatment of ulcers..... 353
Sexual instinct, action of lilium trigrinum on..... 216
Shellac in treatment of burns and scalds..... 39
Silicea for relief of anthrax of the face, 348; epileptiform spasms, 149; epithelioma of the cornea, 343; headache, 144; hydrocele, 351; general view of action of, 143; action of on the nervous system, 143; provings of, by Carroll Dunham, M. D., 143; utility of, in treatment of rachitis, 143; scarlet fever, 591; spasms, 143; suppuration, 143, 323, 329; for relief of tumor..... 535
Skin grafting in treatment of ulcer..... 39
Sleep, action of lilium tigrinum on..... 226
Soap for relief of burns..... 40
Society, State Medical, proceedings of annual meeting of, 8; brief review of history of, 3; embraces medical societies in nearly all counties of the State, 3; officers of, for 1871, 27; executive committee of, 28; delegates to, 30; officers of, from 1850 to 1872, 663; list of delegates to, and classification by counties, 673; permanent members of, 668; honorary members of, 665; constitution and by-laws of, 659; delegate members present at annual meeting, 7; permanent members present at annual meeting, 6; committees appointed at annual meeting, 5; permanent members elected at annual meeting, 5; honorary members elected, 5; guests present at annual meeting, 10; address by Dr. Robt. McMurray, 54; address by Dr. A. W. Holden, 71; address by Dr. L. B. Wells, 3; committee appointed to act regarding delinquent members, 12; resolutions of thanks to Dr. J. W. Cox, for entertainment given..... 28
Society, Central New York Medical, report of, 611; Northern New York, report of, 620; Medical, of Albany, rapid increase of membership of..... 47
Societies, county medical, thirty-one, reports from, 22; powers of, 572; represented at annual meeting of State Medical Society, 8; State, county and local, table of annual and regular meetings of..... 679
Spasms, silicea in treatment of..... 143
Spasms, epileptiform, belladonna in treatment of, 148; calcarea carb., hyoscyamus, 148; silicea..... 149
Spasm of the glottis, case of, 256; comparison of, with paralysis of the glottis, 257; similarity of, to hooping-cough, 258; abstract from paper on, by Dr. T. F. Allen, 573; belladonna in treatment of, 577: belladonna and creosote, 254; bromine, 574; chlorine, 574; chlorine gas, 262; fluorine, 574; iodine, 574; iodium, 575; lachesis, 263; mephitis, 263; nux vomica, 574; sambucus..... 263
Spasms of the larynx, paper on, by Dr. S. C. Knickerbocker, 276; ignatia for relief of, 574; lachesis, 276; stramonium..... 574
Spasmodic croup, symptoms of, 578; twitching, cuprum in treatment of, 329; do., ignatia..... 329

PAGE.

Spermatorrhœa, paper on, by Dr. H. M. Dayfoot, 268; ætiology of, 269; diagnosis of, 271; a cause of insanity, 536; pathology of, 269; prognosis of, 271; symptoms of, 270; treatment of, 271; caladium for relief of, 274; china, 273; digitalis, 273; gelseminum, 274; kali bromatum, 274; lupulin, 274; nux vomica, 273; phosphoric acid..... 273
Spigelia in treatment of intermittent fever..... 618
Spinal, cerebro, system, action of arsenicum on..... 172
Spirits of nitre, for relief of painful urination..... 278
Spongia and iodine in treatment of paralysis of the glottis..... 264
Spooner, Dr. Stillman, removal of, from office of examining pension surgeon, 14; paper by, on "Toxicological Effects of Morphine and Laudanum"..... 235
Springs, Dryden, Sanitary Home, placed under homœopathic auspices..... 48
Springsteed, Dr. D., paper of, inflammation of the bowels reported by..... 538
Stannum, for relief of cough..... 339
State Medical Society (see Society, State Medical).
State, importance of a correct history of homœopathy in, 4; and local organizations, important instrumentalities of, 4; Insane Asylum at Middletown, remarks of Dr. C. M. Lawrence, relative to, 53; do., report of, 383; do., statement relative to laying the corner-stone of, 53; do., appropriation to, 4; Legislature, petition presented to, by the directors of Hahnemann Hospital..... 391
Statement regarding the number of homœopathic physicians in the United States, 46
Statistics, report of bureau of, 361; chairman of bureau of, 29, 361; of the medical profession in the United States, 46; and registration, bureau of, aid necessary to..... 4
Status, representative, of the two schools of medicine..... 47
Steuben County Medical Society, report of..... 603
Stimulants for relief of burns, 40; in disease, resolution regarding, 19, 21, 618; and narcotics, paper on use of, presented by Dr. H. V. Miller..... 618
St. Lawrence County Medical Society, report of..... 605
Stoddard, J. L., M. D., eulogy on..... 628
Stomach, action of lilium tigrinum on.....183, 203
Stools, action of lilium tigrinum on..... 207
Stow, Dr. T. Dwight, paper by, on "Chronic Metritis," 317; paper by, on a "Case of Scirrhus of the Mammary Gland," 315; resolution presented by, regarding the use of stimulants in disease.....19 21
Stramonium in treatment of puerperal convulsions, 611; spasm of the laryngeal muscle..... 574
Stricture of the intestines, case of, resulting from inflammation of the bowels, 538
Sulphate of zinc in treatment of intermittent fever, 534; gonorrhœal ophthalmia, 281; biliary calculus, 539; constipation, 283; deafness, 618; gastrosis, 277; psoriasis, 617; purulent ophthalmia, 618; sub-retinal tumor, 345; and cosmoline in treatment of ulcer resulting from scald..... 42
Sumner, Dr. C., paper by, on a "Case of Leucorrhœa," 314; paper by, on a "Case of Ovarian Tumor,"..... 312
Supporter, new form of..... 544
Suppuration, remedies in treatment of, 323; calcarea phosoph., 327; carbolic acid and glycerin, 327; carbolic acid, 352; silicea..... 143, 329
Surgery, report of bureau of, 319; contents of bureau of, 320; chairman of bureau of..... 29, 319

PAGE
Surgical cases reported by Dr. H. G. Preston 89, 351
Symptom, characteristic of bryonia, 155; podophyllum 187
Symptoms of croup, 578; attending the abandonment of arsenic eating, 173; totality of, the indication of the remedy, 164; characteristic of arsenicum, 176; of hay-asthma, 539; produced by iodoform, 237; of laryngismus stridulus, 250; general, of lilium tigrinum, 228; characteristic of pulsatilla, 174; characteristic of phosphorus, 174, 176; of sepia, 188; spermatorrhœa, 270; value of totality of, in prescribing 156
Symptomatology, manner of studying 154
Syphilis, treatment of, 89; congenital, mercurious corr. in treatment of, 382; congenital, thuja for relief of, 382; not connected with lupus 331
System, nervous, action of phosphorus on, 175; influence of zymotic diseases on 174
Tabes messenterica, case of, presented 598
Taste and appetite, action of lilium tigrinum on 202
Throop, Dr. A. P., case of procidentia uteri reported by, 44; letter received from 32
Thuja, a specific in biliary calculus, 539; for relief of coccyodynia, 307; in treatment of congenital syphilis 382
Tibia, trephining the, paper on, by Dr. L. Pratt 357
Tioga County Medical Society, report of 606
Toner, Dr. J. M., incorrect statement published by, regarding the number of homœopathic physicians 540
Townsend, Dr. Catharine, paper presented by, at the meeting of Oswego County Medical Society 591
Toxicological effects of arsenic, paper on, by Dr. C. Judson Hill, 232; effects of morphine and laudanum, paper on, by Dr. Stillman Spooner 235
Treasurer, recommendation of, that remittance be always sent by post-office orders or drafts, 12; report presented by 11
Trephining the tibia, paper on, by Dr. L. Pratt 357
Trifolium in treatment of a tumor 535
Tubercular meningitis, paper on, presented 620
Tumor, congenital demoid, of cornea and sclera, case of, 345; fungoid, of the hand, case of, paper on, by Dr. H. G. Preston, 349; sub-retinal, of the eye, case of, 344; case of, treated at the Albany City Dispensary, 535; cancerous, iodoform for relief of, 44; Hecla lava, in treatment of, 535; nitrate of silver 536; silicea, 535; sub-retinal, sulphur for relief of, 345; trifolium in treatment of, 535; ovarian, calcarea carb., in treatment of, 312; ovarian, lachesis for relief of, 312; ovarian, paper on, by Dr. C. Sumner 312
Tumors of the eyes, cases of, paper on, by Dr. T. F. Allen 342
Turpentine and alcohol for relief of burns 41
Ulcer cured by grafting skin 39
Ulcers, mode of treatment of, 352; geraniin, for relief of, 352; hamamelis, 352; hydrastin, 352; sesquicarbonate of potassa 353
Ulster County Medical Society, report of 607
Underwood, Dr. B. F., paper on "Iodoform," 44, 237
University of Medicine, national, action regarding 533, 579 591
Upson, Rev. Dr. A. J., prayer offered by 3
Urine, morbid deposit in, 278; action of lilium tigrinum on 185

Page.
Urinary organs, action of lilium tigrinum on..... 209
Urination, painful, spirits of nitre for relief of..... 278
Uteri, procidentia, case of, reported by Dr. A. P. Throop, 44; prolapsus, remedies characteristic of..... 155
Uterine disease, caused by mode of dress, 300; displacement and prolapsus, lilium tigrinum in treatment of..... 187
Uterus, fibroid enlargement of..... 593
Vaccine Institution of Boston, paper on, by Dr. F. L. Vincent, 595; pure matter, where obtained..... 551
Vaginal injector, exhibited by Dr. King..... 48
Valerian for relief of coccyodynia..... 309
Van Aernam, Dr. H. commissioner of pensions, letter from, to homœopathic examining pension surgeons, 14; petitions forwarded to Congress, asking for removal of, from office, 14; committee appointed to present a testimonial expressing gratitude for removal of..... 52
Ventilation, hygienic, paper on, by Dr. H. V. Miller..... 612
Veratrum in treatment of intermittent fever, 619; puerperal convulsions..... 295
Verified symptoms of lilium tigrinum..... 231
Vincent, Dr. F. L., paper by, on a case of "Anthrax of the Face," 347; paper by, on "Cow-pox and the Boston Vaccine Institution"..... 595
Volkmann's, Prof., method of treating lupus..... 333
Vomiting, bilious, ipecacuanha in treatment of..... 338
Washington County Medical Society, report of..... 608
Watson, Dr. Wm. H., chairman of bureau of clinical medicine, 28, 241; paper presented by, at meeting of Oneida County Medical Society, 586; remarks of, regarding removal from office, of homœopathic pension surgeons.....13, 15
Wayne County Medical Society, report of..... 609
Wells, Dr. L. B., inaugural address delivered by, 3; remarks of, regarding measles..... 45
Western Homœopathic Dispensary, report of..... 506
Westchester County Medical Society, report of..... 610
White of eggs in treatment of poisoning by arsenic..... 233
Wilder, Dr. A., presentation by, of copies of the Transactions of the Eclectic Medical Society..... 23
Wilder, Dr. L. De V., resolution offered by..... 18
Williamson, Walter, M. D., resolution regarding the death of..... 573
Worcester, Dr. Samuel, paper by, on "The Plea of Insanity as a Defence in Cases of Homicide."..... 651
Wright, Dr. Wm., remarks of, regarding the treatment of burns, 44; resolution offered by, 10; remarks of, regarding the correct proving of drugs, 50; resolution offered by..... 50
Wright, Dr. A. R., paper by, on "Chronic Metritis."..... 318
Yorkville Homœopathic Dispensary, report of..... 518
Zinc in treatment of epithelioma of the cornea, 343; sulphate of, gonorrhœal ophthalmia, 281; chloride of, in treatment of lupus..... 332
Zincum for relief of coccyodynia..... 309
Zymotic diseases, influence of, on the nervous system, 174; arsenic eaters exempt from..... 173